

FACE SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE  
(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING

AUG 31 1959

Division of Administrative Procedure

ENDORSED

APPROVED FOR FILING  
(GOV. CODE 11380.2)

AUG 31 1959

Division of Administrative Procedure

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Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

State Department of Social Welfare

(Agency)

Dated: August 28, 1959

By:

J. M. Widemeyer

Director

(Title)

FILED

In the office of the Secretary of State  
of the State of California

AUG 31 1959

At 12:40 o'clock P. M.

FRANK M. JORDAN, Secretary of State

Assistant Secretary of State

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The following section is to be repealed effective October 1, 1959:

- S-160 Monthly Statistical Report on Public Assistance Reinvestigations and Application Disposals

The following regulations are to be repealed effective October 1, 1959:

- S-124 Part B - Applications and Written Requests for Restoration, Forms Ag 237, Bl 237, APSB 237, DA 237
- S-126 Part C - Cases, Forms Ag 237, Bl 237, APSB 237, DA 237
- S-128 Part D - Net Expenditures, Forms Ag 237, Bl 237, APSB 237, DA 237

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CONTINUATION SHEET  
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## Statistical

## S-100 PURPOSE AND USE OF PUBLIC ASSISTANCE STATISTICAL REPORTS S-100

The monthly statistical reports on public assistance are designed to make available soon after the end of each month certain basic statistics for that month. The information included in the reports consists of a statement of the amount of aid, the number of recipients, the receipt and disposition of applications, and the opening and closing of cases. These statistics are required to be reported to the FSSA each month. Essential data from the reports are published monthly by the SDSW.

To be useful these reports must be accurate and uniform for all reporting offices. Prompt transmittal of reports and their early publication assure current information. The maintenance of uniformity depends, first, upon standard definitions and, second, upon the adherence to these definitions by reporting agencies.

(W&IC 115, 116)

## S-110 TRANSMITTAL OF MONTHLY STATISTICAL REPORTS ON PUBLIC ASSISTANCE S-110

All counties shall send copies of the following reports each month to the Bureau of Statistical Reports, SDSW, 722 Capitol Avenue, Sacramento, by the specified due date.

Due not later than the 12th of the month following the month covered by the report:

Two copies each of the Monthly Statistical Reports on OAS, ANB, APSB, ANC, ATD, and GR (Forms AG 237, BL 237, APSB 237, CA 237-FG, CA 237-BHI, DA 237, and GR 237).

If there is a substantial time lapse between the time when the application and case movement data and the expenditure data are available, the application and case movement data should be sent in as soon as available and the expenditure data as soon as possible thereafter. However, the complete report is due in Sacramento not later than the 12th of the month.

Due not later than the 18th of the month following the month covered by the report:

Two copies each of the Monthly Statistical Reports on Public Assistance Reinvestigations and Application Disposals, Form DPA-10, and DPA-46, and Monthly Statistical Reports on Reasons for Discontinuance, OAS, ATD, and ANC, Forms AG 253, DA 253 and CA 253-FG.

Counties should retain file copies of all monthly statistical reports for at least one complete fiscal year in addition to the current fiscal year.

(W&IC 115, 116)

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CONTINUATION SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS  
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Statistical

S-120 INTRODUCTION - MONTHLY STATISTICAL REPORTS ON FORMS  
AG 237, BL 237, APSB 237, AND DA 237

S-120

Content of Reports

Data on these reports are limited to individuals who are receiving, or who make applications or requests (including restoration) to receive aid from OAS, ANB, APSB or ATD funds.

Each report is divided into three parts as follows:

A - INTAKE

Column A. REQUESTS FOR AID - Include all requests for aid except requests for restoration of aid and requests for intercounty transfers.

Column B. APPLICATIONS

Column C. WRITTEN REQUESTS FOR RESTORATION

B - CASES

C - NET EXPENDITURES

When to Report Actions:

Statistical counts listed below, except automatic restorations, are to be reported according to the month in which the board of supervisors takes the official action, not the month in which the action affects the payroll, unless these months are the same:

1. New applications and reapplications granted or denied
2. Requests for restoration (except automatic restorations) granted or denied
3. Discontinuances.

Report automatic restorations when payment of aid is resumed (for definition see Manual of Policies and Procedures - OAS and AB.)

Discontinuances are to be reported when the board of supervisors takes action whether or not aid was paid for the current month and whether the discontinuance was effective at the end of the current month or of a prior month. Exception: If discontinuance action is taken in the current month to be effective at the end of a future month, report such discontinuance in the month in which the last warrant is paid.

Note: Intercounty transfers, transfers between ANB and APSB and automatic restorations are to be reported only in Part B.

Board of Supervisors

The term "board of supervisors" shall be construed to include the duly authorized agent of the board of supervisors.

(Continued)

CONTINUATION SHEET  
**FOR FILING ADMINISTRATIVE REGULATIONS  
 WITH THE SECRETARY OF STATE**  
 (Pursuant to Government Code Section 11380.1)

Statistical

S-120 (Continued)

S-120

Definition of "Current Month" and "Last Month"

The calendar month on which the county is reporting statistically will be referred to as the "current month." The month immediately prior to the "current month" will be referred to as "last month."

(W&amp;IC 115, 116)

S-122 PART A - INTAKE-FORMS AG 237, BL 237, APSB 237, DA 237

S-122

This part provides data on requests and applications for public assistance, and their disposition.

Column A. Requests for Aid - In this column report on all requests for OAS, ANB, APSB, or ATD except requests for restoration and requests for transfer from another county, whether made orally (in person or by telephone) or in writing, if it is clear that the request is for the program covered by the report, even though the individual may not know the title of the program. Requests for information only are not to be reported as requests for aid. Count only one request if two or more requests are made during the month by the same individual.

If the request is made and the application signed during the first contact with the individual, or during the same month, it shall be reported in Column A, as a request, as well as in Column B, as an application received.

(Note that Column A excludes requests for restoration of aid and requests for transfer of aid from another county.)

Column B. Applications - This column is designed to report the movement of applications and reapplications.

An application erroneously denied in a prior month shall be included in the current month count as an adjustment in Item 1 and as an application granted under Item 46. An explanation of the reason for the adjustment in Item 1 shall be shown in a footnote.

Column C. Written Requests for Restoration - This column is designed to report the movement of written requests for restoration. Exclude automatic restorations.

A written request for restoration erroneously denied in a prior month shall be included in the current month count as an adjustment in Item 1 and as a written request for restoration granted under Item 46. An explanation of the reason for the adjustment in Item 1 shall be shown in a footnote.

Make entries in Columns A, B, and C as follows:

Item 1. Pending from Last Month - Enter the number brought forward from last month. If Item 5 of last month's report was in error, the correct figure shall be shown in Item 1 and an explanation of the correction shall be made in a footnote.

(Continued)

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CONTINUATION SHEET  
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## Statistical

S-122 (Continued)

S-122

- Item 2. Received During Month - Enter the number received during the current month. Exclude requests for restoration unless they are written requests, in which case report them in Column C. Exclude requests for intercounty transfer of aid.
- Item 3. Total - Enter the sum of Items 1 and 2.
- Item 4. Disposed of During Month - Enter the sum of Items 4a, 4b, 4c and 4d.
- Item 4a. Applications Signed - Enter the number of applications signed (except for transfer from another county) during the current month. Item 4a, Column A must be the same as Item 2, Column B.
- Item 4b. Granted - Enter the number of applications (both new and reapplications) and requests for restoration granted during the current month regardless of the beginning date of aid. Item 4b, Column B, must equal the sum of Items 7a and 7b. Item 4b, Column C, must equal Item 7c.
- Item 4c. Denied - Enter the number of applications and written requests for restoration denied during the current month.
- Item 4c.  
 (1) (Form DA 237 only) Does Not Meet Definition of Disability - Enter the number of ATD applications denied because disability could not be established.
- Item 4c.  
 (2) (Form DA 237 only) Other reasons - Enter the number of ATD applications denied for reasons other than degree of disability.
- Item 4d. Withdrawn or Canceled - Enter the number of Requests for aid, applications and written requests for restoration withdrawn by the applicant during the current month or canceled because the individuals have died. Applications and written requests for restoration withdrawn by the applicant on which the county takes denial action are to be reported in Item 4c.
- Item 5. Pending at End of Month - Enter the number of pending requests for aid (Column A), applications (Column B) and written requests for restoration (Column C), including those signed in the current month, which had not been disposed of (i.e., granted, denied, withdrawn, or canceled) by the end of the month. This item is equal to Item 3 minus Item 4 in each column.

S-126.1 PART B - CASES, FORM AG 237

S-126.1

This part is designed for reporting Old Age Security cases that have been granted by action by the board of supervisors and are either continuing cases or cases discontinued by county action during the current month.

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CONTINUATION SHEET  
 FOR FILING ADMINISTRATIVE REGULATIONS  
 WITH THE SECRETARY OF STATE  
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Statistical

S-126.1 (Continued)

S-126.1

- Item 6. Brought Forward from Last Month - Enter the number of active cases brought forward from last month. This entry should agree with Item 10 of last month's report. If Item 10 of last month's report was in error, the correct figure shall be shown in Item 6 and an explanation of the difference shall be made in a footnote. A case erroneously discontinued in a prior month shall be included in the current month count as an adjustment in this item.
- Item 7. Granted During Month - Enter the sum of Items 7a through 7e.
- Item 7a. New Applications - Enter the number of new applications granted during the current month regardless of effective date, i.e., the beginning date of aid. Include reapplications granted for persons whose previous applications were withdrawn or denied. Exclude applications for transfer of aid from another county.
- Item 7b. Reapplications - Enter the number of reapplications granted during the current month, regardless of the effective date. Include only reapplications granted for individuals who previously received this aid and were discontinued 12 months or more ago. Reapplications granted for individuals whose only previous applications were denied or withdrawn are to be reported as "new" applications granted (Item 7a)..
- Item 7c. Restorations - Written Request - Enter the number of written requests for restoration granted during the current month, regardless of effective date. (A request for restoration is a request for aid by a former recipient whose grant was discontinued within 12 months prior to the date of the request.) Report automatic restorations in Item 7d.
- Item 7d. Restorations - Written Requests Not Required - Enter the number of restorations granted on which no written request for restoration is required, i.e., "automatic" restorations. (For a definition of automatic restoration, see Sec. A-014.20, Manual of Policies and Procedures - OAS.)
- Item 7e. Transfers from Another County - Enter the number of transfers from another county granted during the month.
- Item 8. Total Cases - Enter the sum of Items 6 and 7. This item is also the sum of Items 8a and 8b. This count includes all continuing cases, all cases added during the current month in Item 7, and all cases reported as discontinued in Item 9. It will include all cases that received aid for the current month as well as cases that did not receive aid because the warrants were canceled, held, or not written.
- Item 8a. Received OAS - Enter the sum of Items 8a(1), (2), and (3), below.
- (1) Direct OAS (Entire grant to recipient) - Enter the number of persons who during the current month received the entire grant for the month, i.e., none was paid to an institution. Include those whose warrants for the current month were held and those who are in an institution but have been there for less than two calendar months.

(Continued)



CONTINUATION SHEET  
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 (Pursuant to Government Code Section 11380.1)

Statistical

S-126.1 (Continued)

S-126.1

- (2) Personal allowance and payment to P.M.I. - Enter the number of persons who during the month received a warrant for the current month for personal and incidental expenses and in whose behalf warrants were issued for the current month to public medical institutions. Include these persons even if the warrants were held.
- (3) Entire grant to P.M.I. - Enter the number of persons in whose behalf all of the grant was paid to a public medical institution, i.e., the individual received nothing for personal and incidental expenses because his income was equal to or more than the allowance for this item.

Item 8b. Did Not Receive OAS (Includes "0" - Grant Cases) - Enter the number of active cases which were not authorized to receive assistance for the current month and the warrants were canceled or not written. Entries in this item, for example, include the following types of cases:

Restorations (when written request is not required), and transfers from another county granted this month, effective in a future month.

Include in this item cases granted so late in the current month that warrants authorized for the current month are not issued until next month.

Cases discontinued this month, effective the last day of preceding month or earlier.

Cases whose grants were reduced to zero to adjust for an overpayment. Enter the number of these cases within the parentheses.

Note: The entry in Item 8b should be an actual count of cases.

Item 9. Discontinued During Month - Enter the total number of cases on which action to discontinue aid was taken during the current month, whether or not aid was paid for the current month and whether the discontinuance was effective at the end of the current month or of a prior month.

Exception: If discontinuance action is taken in the current month to be effective at the end of a future month, report such discontinuance in the month in which the last warrant is paid.

The entry in this item must agree with the total number of discontinuances reported on Form AG 253.

Item 10. Continued to Next Month - Enter the number of cases which are being carried forward to next month. Note that even though a case may have received a warrant this month, it is not to be carried forward to next month if it has been discontinued this month. Item 10 must equal Item 8 minus Item 9.

(W&IC 115, 116)

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## Statistical

S-126.2 PART B - CASES, FORM BL 237

S-126.2

This part is designed for reporting Aid to Needly Blind cases that have been granted by action of the board of supervisors and are either continuing cases or cases discontinued by county action during the current month.

Item 6. Brought Forward from Last Month - Enter the number of cases brought forward from last month. This entry should agree with Item 10 of last month's report. If Item 10 of last month's report was in error, the correct figure shall be shown in Item 6 and an explanation of the difference shall be made in a footnote. A case erroneously discontinued in a prior month shall be included in the current month count as an adjustment in this item.

Item 7. Granted During Month - Enter the sum of Items 7a through 7f.

Item 7a. New Applications - Enter the number of new applications granted during the current month regardless of effective date, i.e., the beginning date of aid. Include reapplications granted for persons whose previous applications were withdrawn or denied. Exclude applications for transfer of aid from another county.

Item 7b. Reapplications - Enter the number of reapplications granted during the current month, regardless of the effective date. Include only reapplications granted for individuals who previously received this aid and were discontinued 12 months or more ago. Reapplications granted for individuals whose only previous applications were denied or withdrawn are to be reported as "new" applications granted (Item 7a).

Item 7c. Restorations - Written Request - Enter the number of written requests for restoration granted during the current month, regardless of effective date. (A request for restoration is a request for aid by a former recipient whose grant was discontinued within 12 months prior to the date of the request.) Report "automatic" restorations in Item 7d.

Item 7d. Restorations - Written Request Not Required - Enter the number of restorations granted on which no written request for restoration is required, i.e., "automatic" restorations. (For a definition of automatic restoration, see Sec. B-014.20 Manual of Policies and Procedures - AB.

Item 7e. Transfers from Another County - Enter the number of transfers from another county granted during the month.

Item 7f. Transfers from APSB - Enter the number of transfers from the APSB program granted during the month.

Item 8. Total Cases - Enter the sum of Items 6 and 7. This item is also the sum of Items 8a and 8b. This count includes all continuing cases, all cases added during the current month in Item 7, and all cases reported as discontinued in Item 9. It will include all cases that received aid for the current month as well as cases that did not receive aid because the warrants were canceled, held, or not written.

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Statistical

S-126.2 (Continued)

S-126.2

Item 8a. Received ANB - Enter the sum of Items 8a(1), (2), and (3), below.

- (1) Direct ANB (Entire grant to recipient) - Enter the number of persons who during the current month received the entire grant for the month, i.e., none was paid to an institution. Include those whose warrants for the current month were held and those who are in an institution but have been there for less than two calendar months.
- (2) Personal allowance and payment to P.M.I. - Enter the number of persons who during the month received a warrant for the current month for personal and incidental expenses and in whose behalf warrants were issued for the current month to public medical institutions. Include these persons even if the warrants were held.
- (3) Entire grant to P.M.I. - Enter the number of persons in whose behalf all of the grant was paid to a public medical institution, i.e., the individual received nothing for personal and incidental expenses because his income was equal to or more than the allowance for this item.

Item 8b. Did Not Receive ANB (Includes "0" - grant cases) - Enter the number of active cases which were not authorized to receive assistance for the current month and the warrants were canceled or not written. Entries in this item, for example, include the following types of cases:

Restorations (when written request is not required), and transfers from another county granted this month, effective in a future month.

Cases granted so late in the current month that warrants authorized for the current month are not issued until next month.

Cases discontinued this month, effective the last day of preceding month or earlier.

Cases whose grants were reduced to zero to adjust for an overpayment. Enter the number of these cases within the parentheses.

Note: The entry in Item 8b should be an actual count of cases.

Item 9. Discontinued During Month - Enter the total number of cases on which action to discontinue aid was taken during the current month, whether or not aid was paid for the current month and whether the discontinuance was effective at the end of the current month or of a prior month.

Exception: If discontinuance action is taken in the current month to be effective at the end of a future month, report such discontinuance in the month in which the last warrant is paid.

The entry in this item must equal the sum of Items 9a through 9d.

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CONTINUATION SHEET  
**FILING ADMINISTRATIVE REGULATIONS  
 WITH THE SECRETARY OF STATE**  
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Statistical

S-126.2 (Continued)

S-126.2

- Item 9a. Transfers to Another County - Enter the number of ANB cases transferred to other counties. Report such cases for the month in which the board of supervisors took action discontinuing aid.
- Item 9b. Transfers to APSB - Enter the number of transfers to APSB granted during the month.
- Item 9c. Discontinued Because of Death - Enter the number of cases discontinued because of death of the recipient.
- Item 9d. All Other Discontinuances - Enter the number of discontinuances for reasons other than transfer or death.
- Item 10. Continued to Next Month - Enter the number of cases which are being carried forward to next month. Note that even though a case may have received a warrant this month, it is not to be carried forward to next month if it has been discontinued this month. Item 10 must equal Item 8 minus Item 9.

(W&amp;IC 115, 116)

S-126.3 PART B - CASES, FORM APSB 237

S-126.3

This part is designed for reporting cases of Aid to Potentially Self-supporting Blind Residents that have been granted by action of the board of supervisors and are either continuing cases or cases discontinued by county action during the current month.

- Item 6. Brought Forward from Last Month - Enter the number of cases brought forward from last month. This entry should agree with Item 10 of last month's report. If Item 10 of last month's report was in error, the correct figure shall be shown in Item 6 and an explanation of the difference shall be made in a footnote. A case erroneously discontinued in a prior month shall be included in the current month count as an adjustment in this item.
- Item 7. Granted During Month - Enter the sum of Items 7a through 7f.
- Item 7a. New Applications - Enter the number of new applications granted during the current month regardless of effective date, i.e., the beginning date of aid. Include reapplications granted for persons whose previous applications were withdrawn or denied. Exclude applications for transfer of aid from another county.
- Item 7b. Reapplications - Enter the number of reapplications granted during the current month, regardless of the effective date. Include only reapplications granted for individuals who previously received this aid and were discontinued 12 months or more ago. Reapplications granted for individuals whose only previous applications were denied or withdrawn are to be reported as "new" applications granted (Item 7a).

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CONTINUATION SHEET  
**FILING ADMINISTRATIVE REGULATIONS  
 WITH THE SECRETARY OF STATE**  
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## Statistical

S-126.3 (Continued)

S-126.3

- Item 7c. Restorations - Written Request - Enter the number of written requests for restoration granted during the current month, regardless of effective date. (A request for restoration is a request for aid by a former recipient whose grant was discontinued within 12 months prior to the date of the request.) Report "automatic" restorations in Item 7d.
- Item 7d. Restorations - Written Request Not Required - Enter the number of restorations granted on which no written request for restoration is required, i.e., "automatic" restorations. (For a definition of automatic restoration, see Sec. B-014.20, Manual of Policies and Procedures - AB.
- Item 7e. Transfers from Another County - Enter the number of transfers from another county granted during the month.
- Item 7f. Transfers from ANB - Enter the number of transfers from the ANB program granted during the month.
- Item 8. Total Cases - Enter the sum of Items 6 and 7. This item is also the sum of Items 8a and 8b. This count includes all continuing cases, all cases added during the current month in Item 7, and all cases reported as discontinued in Item 9. It will include all cases that received aid for the current month as well as cases that did not receive aid for the current month as well as cases that did not receive aid because the warrants were canceled, held, or not written.
- Item 8a. Received APSB - Enter the number of persons who during the current month, received warrants for the current month or whose warrants for the current month were held.
- Item 8b. Did Not Receive APSB - (includes \_\_\_\_ "O" - grant cases) - Enter the number of active cases which were not authorized to receive assistance for the current month and the warrants were canceled, held, or not written. Entries in this item, for example, include the following types of cases:
- Restorations (when written request is not required), and transfers from another county granted this month, effective in a future month.
- Include in this item cases granted so late in the current month that warrants authorized for the current month are not issued until next month.
- Cases discontinued this month, effective the last day of preceding month or earlier.
- Cases whose grants were reduced to zero to adjust for an overpayment. Enter the number of these cases within the parentheses.
- Note: The entry in Item 8b should be an actual count of cases.

(Continued)



CONTINUATION SHEET  
**FILING ADMINISTRATIVE REGULATIONS  
 WITH THE SECRETARY OF STATE**  
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## Statistical

S-126.3 (Continued)

S-126.3

Item 9. Discontinued During Month - Enter the total number of cases on which action to discontinue aid was taken during the current month, whether or not aid was paid for the current month and whether the discontinuance was effective at the end of the current month or of a prior month.

Exception: If discontinuance action is taken in the current month to be effective at the end of a future month, report such discontinuance in the month in which the last warrant is paid.

The entry in this item must equal the sum of Items 9a through 9d.

Item 9a. Transfers to Another County - Enter the number of APSB cases transferred to other counties. Report such cases for the month in which the board of supervisors took action discontinuing aid.

Item 9b. Transfers to ANB - Enter the number of transfers to ANB granted during the month.

Item 9c. Discontinued Because of Death - Enter the number of cases discontinued because of death of the recipient.

Item 9d. All Other Discontinuances - Enter the number of discontinuances for reasons other than transfer or death.

Item 10. Continued to Next Month - Enter the number of cases which are being carried forward to next month. Note that even though a case may have received a warrant this month, it is not to be carried forward to next month if it has been discontinued this month. Item 10 must equal Item 8 minus Item 9.

(W&IC 115, 116)

S-126.4 PART B - CASES, FORM DA 237

S-126.4

This part is designed for reporting Aid to Needy Disabled cases that have been granted by action of the board of supervisors and are either continuing cases or cases discontinued by county action during the current month.

Item 6. Brought Forward from Last Month - Enter the number of cases brought forward from last month. This entry should agree with Item 10 of last month's report. If Item 10 of last month's report was in error, the correct figure shall be shown in Item 6, and an explanation of the difference shall be made in a footnote. A case erroneously discontinued in a prior month shall be included in the current month count as an adjustment in this item.

Item 7. Granted During Month - Enter the sum of Items 7a through 7d.

Item 7a. New Applications - Enter the number of new applications granted during the current month regardless of effective date, i.e., the beginning date of aid. Include reapplications granted for persons whose previous applications were withdrawn or denied. Exclude applications for transfer of aid from another county.

(Continued)



CONTINUATION SHEET  
**FILING ADMINISTRATIVE REGULATIONS  
 WITH THE SECRETARY OF STATE**  
 (Pursuant to Government Code Section 11380.1)

Statistical

S-126.4 (Continued)

S-126.4

- Item 7b. Reapplications - Enter the number of reapplications granted during the current month, regardless of the effective date. Include only reapplications granted for individuals who previously received this aid and were discontinued 12 months or more ago. Reapplications granted for individuals whose only previous applications were denied or withdrawn are to be reported as "new" applications granted (Item 7a).
- Item 7c. Restorations - Written Request - Enter the number of written requests for restoration granted during the current month, regardless of effective date. (A request for restoration is a request for aid by a former recipient whose grant was discontinued within 12 months prior to the date of the request.)
- Item 7d. Transfers from Another County - Enter the number of transfers from another county granted during the month.
- Item 8. Total Cases - Enter the sum of Items 6 and 7. This item is also the sum of Items 8a and 8b. This count includes all continuing cases, all cases added during the current month in Item 7, and all cases reported as discontinued in Item 9. It will include all cases that received aid for the current month as well as cases that did not receive aid because the warrants were canceled, held, or not written.
- Item 8a. Received ATD - Enter the sum of Items 8a(1), (2) and (3), below.
- (1) Direct ATD (Entire grant to recipient) - Enter the number of persons who during the current month received the entire grant for the current month, i.e., none was paid to an institution. Include those whose warrants for the current month were held and those who are in an institution but have been there for less than two calendar months.
  - (2) Personal allowance and payment to P.M.I. - Enter the number of persons in whose behalf warrants were issued during the current month to public medical institutions and who also received an allowance for personal and incidental expenses. Include these persons even if the warrants were held.
  - (3) Entire grant to PMI - Enter the number of persons in whose behalf warrants were issued during the current month to public medical institutions but who had enough income to cover their personal and incidental expenses and consequently received no part of the grant.
- Item 8b. Did Not Receive ATD (Includes "O" - grant cases) - Enter the number of cases which were not authorized to receive assistance for the current month and the warrants were canceled or not written. Entries in this item, for example, include the following types of cases:
1. Transfers from another county granted this month, effective in a future month.
  2. Cases granted so late in the current month that warrants authorized for the current month are not issued until next month.

(Continued)



CONTINUATION SHEET  
**FILING ADMINISTRATIVE REGULATIONS  
 WITH THE SECRETARY OF STATE**  
 (Pursuant to Government Code Section 11380.1)

Statistical

S-126.4 (Continued)

S-126.4

3. Cases discontinued this month, effective the last day of preceding month or earlier.
4. Cases whose grants were reduced to zero to adjust for an overpayment. Enter the number of these cases within the parentheses.

Note: The entry in Item 8b should be an actual count of cases.

Item 9. Discontinued During Month - Enter the total number of cases on which action to discontinue aid was taken during the current month, whether or not aid was paid for the current month and whether the discontinuance was effective at the end of the current month or of a prior month.

Exception: If discontinuance action is taken in the current month to be effective at the end of a future month, report such discontinuance in the month in which the last warrant is paid.

The entry in this item must agree with the total number of discontinuances reported on Form DA 253.

Item 10. Continued to Next Month - Enter the number of cases which are being carried forward to next month. Note that even though a case may have received a warrant this month, it is not to be carried forward to next month if it has been discontinued this month. Item 10 must equal Item 8 minus Item 9.

(W&IC 115, 116)

S-128.1 PART C NET EXPENDITURES, FORM AG 237

S-128.1

In Part C report net expenditures for Old Age Security during the month; i.e., the amount of aid paid this month, for current and prior month, minus all cancellations, repayments and plus or minus adjustments. Exclude any assistance from county General Relief funds to OAS recipients; such assistance is reported in Part D of Form GR 237.

Item 11. Direct OAS (Entire grant to recipient) - Enter the net amount of money paid to recipients who are not in public medical institutions, or, if in such an institution, have not been there for a full two calendar months, i.e., the persons reported in Item 8a(1).

Item 12. OAS for Recipients in P.M.I. - Enter the sum of a and b, below.

- a. Personal allowances to recipients - Enter the net amount of grant paid directly to recipients who are in public medical institutions, i.e., the persons reported in Item 8a(2).
- b. Payments to P.M.I. - Enter the net amount of grant paid to public medical institutions in behalf of recipients lodged in these institutions, i.e., those reported in Item 8a(2) and 8b(3).

(Continued)

DO NOT WRITE IN THIS SPACE



CONTINUATION SHEET  
 FOR FILING ADMINISTRATIVE REGULATIONS  
 WITH THE SECRETARY OF STATE  
 (Pursuant to Government Code Section 11380.1)

Statistical

S-128.1 (Continued)

S-128.1

Item 13. Deposits to Medical Care Revolving Fund - Enter the amount transferred from assistance funds to the OAS Medical Care Revolving Fund during the month.

Item 14. Total OAS - Enter this month's total net expenditures for OAS. This amount must equal the sum of the amounts in Items 14a, 14b, and 14c (Federal, State and County shares); also the sum of the amounts in Items 11, 12, and 13.

Item 14a. Federal Share - Enter the amount of OAS reported in Item 14 which will be paid from federal funds.

Item 14b. State Share - Enter the amount of OAS reported in Item 14 to be paid from state funds.

Item 14c. County Share - Enter the amount of OAS reported in Item 14 to be paid from county funds. Do not include supplemental assistance from county funds.

(W&amp;IC 115, 116)

S-128.2 PART C - NET EXPENDITURES, FORM BL 237

S-128.2

In Part C report net expenditures for Aid to Needy Blind during the month; i.e., the amount of aid paid this month, for current and prior month, minus all cancellations, repayments and plus or minus adjustments. Exclude any assistance from county General Relief funds to ANB recipients; such assistance is reported in Part D of Form GR 237.

Item 11. Direct ANB (Entire grant to recipient) - Enter the net amount of money paid to recipients who are not in public medical institutions, or, if in such an institution, have not been there for a full two calendar months, i.e., the persons reported in Item 8a(1).

Item 12. ANB for Recipients in P.M.I. - Enter the sum of a and b below.

a. Personal allowances to recipients - Enter the net amount of grant paid directly to recipients who are in public medical institutions, i.e., the persons reported in Item 8a(2).

b. Payments to P.M.I. - Enter the net amount of grant paid to public medical institutions in behalf of recipients lodged in these institutions, i.e., those reported in Item 8a(2) and 8a(3).

Item 13. Deposits to Medical Care Revolving Fund - Enter the amounts transferred from assistance funds to the ANB Medical Care Revolving Fund during the month.

Item 14. Total ANB - Enter this month's total net expenditures for ANB. This amount must equal the sum of the amounts in Items 14a, 14b, and 14c (Federal, State and County shares); also the sum of the amounts in Items 11, 12, and 13.

Item 14a. Federal Share - Enter the amount of ANB reported in Item 14 which will be paid from federal funds.

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These Regulations are designated to become effective OCT 1 '59



CONTINUATION SHEET  
**FILING ADMINISTRATIVE REGULATIONS  
 WITH THE SECRETARY OF STATE**  
 (Pursuant to Government Code Section 11380.1)

## Statistical

S-128.2 (Continued)

S-128.2

Item 14b. State Share - Enter the amount of ANB reported in Item 14 to be paid from state funds.

Item 14c. County Share - Enter the amount of ANB reported in Item 14 to be paid from county funds. Do not include supplemental assistance from county funds.

(W&amp;IC 115, 116)

S-128.3 PART C - NET EXPENDITURES, FORM APSB 237

S-128.3

In Part C report net expenditures for Aid to Potentially Self-supporting Blind Residents during the month; i.e., the amount of aid paid this month, for current and prior month, minus all cancellations, repayments and plus or minus adjustments. Exclude any assistance from county General Relief funds to APSB recipients; such assistance is reported in Part D of Form GR 237.

Item 11. Total - Report the total net APSB expenditures for the month.

Item 11a. State Share - Enter the amount of APSB reported in Item 11 to be paid from state funds.

Item 11b. County Share - Enter the amount of APSB reported in Item 11 to be paid from county funds.

(W&amp;IC 115, 116)

S-128.4 PART C - NET EXPENDITURES, FORM DA-237

S-128.4

In Part C report net expenditures for Aid to Needy Disabled during the month; i.e., the amount of aid paid this month, for current and prior month, minus all cancellations, repayments and plus or minus adjustments. Exclude any assistance from county General Relief funds to ATD recipients; such assistance is reported in Part D of Form GR 237.

Item 11. Direct ATD (Entire grant to recipient) - Enter the net amount of money paid to recipients who are not in Public Medical Institutions, or, if in such an institution, have not been there for a full two calendar months, i.e., the persons reported in Item 8a(1).

Item 12. ATD for recipients in P.M.I. - Enter the sum of a and b, below.

a. Personal allowances to recipients - Enter the net amount of grant paid directly to recipients who are in Public Medical Institutions, i.e., the persons reported in Item 8a(2).

b. Payments to PMI - Enter the net amount of grant paid to Public Medical Institutions in behalf of recipients lodged in these institutions, i.e., those reported in Item 8a(2) and 8a(3).

Item 13. Total ATD - Enter this month's total net expenditures for ATD. This amount must equal the sum of the amounts in Items 13a, 13b, and 13c (Federal, State and County shares); also the sum of the amounts in Items 11 and 12.

(Continued)

DO NOT WRITE IN THIS SPACE



CONTINUATION SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE  
(Pursuant to Government Code Section 11380.1)

Statistical

S-128.4 (Continued)

S-128.4

Item 13a. Federal Share - Enter the amounts of ATD reported in Item 13 which will be paid from federal funds.

Item 13b. State Share - Enter the amount of ATD reported in Item 13 to be paid from state funds.

Item 13c. County Share - Enter the amount of ATD reported in Item 13 to be paid from county funds.

(W&IC 115, 116)

DO NOT WRITE IN THIS SPACE

These Regulations are designated to become effective OCT 1 '59 .



CONTINUATION SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE  
(Pursuant to Government Code Section 11380.1)

## Statistical

S-162 MONTHLY STATISTICAL REPORT ON PUBLIC ASSISTANCE  
REINVESTIGATIONS Form DPA 10

S-162

This report (Form DPA 10) is designed for reporting the status of annual redeterminations of eligibility, i.e., reinvestigations for OAS, ANB, APSB, ANC and ATD. Separate columns are provided for OAS, ANC and ATD; ANB and APSB are combined. All ANC cases are included in the ANC column, whether the children are in family groups or in boarding homes or institutions.

For OAS, ANB, APSB and ATD, each individual is counted as a case. For ANC, the count is determined by the number of Forms CA 200 Part Two which are due or completed under county procedure.

Reinvestigations completed at the time of restoration of assistance are to be included in this report if the required redetermination of eligibility form, i.e., a Form Ag, Bl, DA 206, or CA 200, Part Two, checked "redetermination," is completed and signed on the reverse by the caseworker or other authorized person. Such reinvestigations should be reported as due in the month in which the case is restored and as completed in the month in which the caseworker or other authorized person signs the form. However, if the reinvestigation is completed prior to the month the case is restored, count the reinvestigation as due and completed in the month the case is restored.

The calendar month on which the county is reporting statistically will be referred to as the "current month." The month immediately prior to the "current" month will be referred to as "last month."

(Continued)

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET  
FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE  
(Pursuant to Government Code Section 11380.1)

Statistical

PUBLIC ASSISTANCE

S-162

S-162 (Continued)

S-162

Item 1. Total Due or Overdue - Enter the sum of Items 1a and 1b.

Item 1a. Reported as Overdue in Item 3 Last Month - Enter the number of overdue reinvestigations pending from prior months. This entry should agree with Item 3 of last month's report. If Item 3 of last month's report was in error, the correct figure shall be shown in Item 1a and an explanation of the difference shall be made in a footnote, giving the month the reinvestigation was due for each case.

Item 1b. Becoming Due This Month - Enter the number of reinvestigations which fell due during the current month. Do not report a reinvestigation as due if aid was discontinued during the past year and has not been restored. However, count as due this month reinvestigations completed on cases for which aid is restored this month.

Item 2. Disposed of this Month - Enter the sum of Items 2a and 2b. Report in these items the disposition of reinvestigations that were due in the current month or overdue from a previous month; reinvestigations completed in advance of the anniversary month are to be shown in Item 4.

Item 2a. Completed - Enter the number of cases on which the reinvestigations were completed during the current month.

A reinvestigation is completed when the investigation has been reviewed and/or the Applicant's Affirmation of Eligibility form signed on the reverse by the case worker or other authorized person.

Item 2b. Canceled By Discontinuance of Case - Enter the number of overdue reinvestigations that were canceled because the cases were discontinued prior to completion of the reinvestigation.

Item 3. Overdue at End of Month - Enter the difference between Item 1 and Item 2. This entry should also equal the sum of Items 3a and 3b.

Item 3a. 12 Months or More Overdue - Enter the number of cases whose reinvestigations fell due 12 months ago or more and have not yet been completed. This means that at least two years have elapsed since an investigation of eligibility was last completed on the case.

Item 3b. Less Than 12 Months Overdue - Enter the total number of pending reinvestigations that have been overdue less than 12 months. This entry must equal the sum of the entries for the various months. Exclude cases overdue 12 months or more; report these in Item 3a.

(Continued)

CALIFORNIA-SDSW-MANUAL-STAT

REVISION



CONTINUATION SHEET  
FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE  
(Pursuant to Government Code Section 11380.1)

S-162

PUBLIC ASSISTANCE

Statistical

S-162 (Continued)

S-162

Month Due - Enter a breakdown, by anniversary month and year, of re-investigations still overdue at the end of the current month. The sum of these entries must equal the entry in Item 3b. Reinvestigations overdue 12 months or more are not included, but are shown in Item 3a.

Note: The entry for any given calendar month should be less than or equal to the entry for the same month on last month's report. It should not be greater unless there has been an inventory adjustment to increase the number of overdue reinvestigations brought forward from last month in Item 1a. Whenever the entry for any month (other than the current month) is greater than on last month's report, this increase shall be explained in a footnote.

Item 4. Completed Prior to Anniversary Month - Enter the number of reinvestigations that were completed in advance of the month when due. This will include cases whose anniversary month is to be changed, e.g., to agree with that of a spouse or some other recipient living in the same vicinity, as well as reinvestigations completed ahead of schedule. These should be reported in the month in which the reinvestigation was actually completed, and should not be reported again prior to the next reinvestigation.

Note: This item is completely separate from the other items and does not affect the balancing of the report. Do not include these reinvestigations in any other item(s) on the report.

(W&IC 115, 116)

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CALIFORNIA-SDSW-MANUAL-STAT

REVISION

Effective

These Regulations are designated to become effective OCT 1 '99



CONTINUATION SHEET  
**FILING ADMINISTRATIVE REGULATIONS  
 WITH THE SECRETARY OF STATE**  
 (Pursuant to Government Code Section 11380.1)

## Statistical

S-164 MONTHLY STATISTICAL REPORT ON DISPOSITION OF APPLI- S-164  
 CATIONS AND WRITTEN REQUESTS FOR RESTORATION: LENGTH  
 OF TIME FROM APPLICATION TO DISPOSAL, FORM DPA-46.

This schedule (Form DPA-46) is designed to report the length of time taken for the eligibility investigation process, measured by the number of days between the date the application, or request for restoration, was signed and the date of official action to dispose of the application or request for restoration. Exclude applications for transfer of aid from another county and automatic restorations.

Separate columns provide for reporting the number of applications or requests for restoration for each type of aid. For ANC-FG report the number of families; for ANC-BHI, the number of children.

Item 1. Total applications disposed of - In each column enter the sum of the entries for Items 1A and 1B. The count in each column should also agree with the counts on the "237" reports as follows:

|         |                                    |
|---------|------------------------------------|
| OAS     | -Item 4, Column B, Form AG 237     |
| ANB     | -Item 4, Column B, Form BL 237     |
| ATD     | -Item 4, Column B, Form DA 237     |
| ANC-FG  | -Item 9, Column 1, Form CA 237-FG  |
| ANC-BHI | -Item 9, Column 1, Form CA 237-BHI |

A. Pre-eligible applications disposed of - Enter the sum of (1) and (2) below.

- (1) Signed within 60 days before age 65 - For OAS only; enter the number of applications disposed of during the month which were signed by the applicant within 60 days before his 65th birthday.
- (2) Held for expected eligibility within 90 days - Enter the number of OAS and ANB applications disposed of during the month where the applicants were found to be ineligible but it was anticipated that they would be eligible within 90 days.

B. All other applications disposed of - Enter in each column the number of applications disposed of during the month, either by official action of the board of supervisors or of the delegated agent, or by the applicant if the application was withdrawn. Exclude from this item all OAS and ANB cases which were reported under Item 1A.

Number of days since application signed - For each application disposed of this month, and reported in Item 1B compute the number of days between the date the application was signed and the date of disposition. Segregate the applications disposed of according to the number of days since the application was signed; report in the

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CONTINUATION SHEET  
**FILING ADMINISTRATIVE REGULATIONS  
 WITH THE SECRETARY OF STATE**  
 (Pursuant to Government Code Section 11380.1)

Statistical

S-164 Continued

S-164

spaces provided below Item 1B; e.g., 1-30 days; 31-45 days, etc. Circular letter No. 826 (Stat), dated September 24, 1957, may prove helpful in determining time lapse.

Item 2. Total number of written requests for restoration disposed of this month - Enter in each column the sum of A and B, below. The entry in each column should agree with the counts on the "237" reports, as follows:

|         |                                    |
|---------|------------------------------------|
| OAS     | -Item 4, Column C, Form AG 237     |
| ANB     | -Item 4, Column C, Form BL 237     |
| ATD     | -Item 4, Column C, Form DA 237     |
| ANC-FG  | -Item 9, Column 2, Form CA 237-FG  |
| ANC-BHI | -Item 9, Column 2, Form CA 237-BHI |

- A. Held for expected eligibility within 90 days (OAS only) - Enter the number of OAS written requests for restoration disposed of during the month where the applicants were found to be ineligible but it was anticipated that they would be eligible within 90 days.
- B. All other written requests for restoration disposed of - Enter in each column the number of written requests for restoration disposed of during the month. Exclude automatic restorations and also OAS cases reported under A.

Number of days since request for restoration signed - For each request for restoration disposed of this month, and reported in Item 2B, compute the number of days between the date the request for restoration was signed and the date of the action disposing of the application. Segregate the requests for restoration disposed of according to the number of days since the request was signed; report in the space provided below Item 2B; e.g., 1-30 days, 31-45 days, etc. Circular Letter No. 826 (Stat), dated September 24, 1957, may prove helpful in determining time lapse.

DO NOT WRITE IN THIS SPACE



CONTINUATION SHEET  
FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE  
(Pursuant to Government Code Section 11380.1)

S-190

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE

BUREAU OF STATISTICAL REPORTS  
722 CAPITOL AVENUE, SACRAMENTO

OLD AGE SECURITY  
MONTHLY STATISTICAL REPORT

COUNTY \_\_\_\_\_  
REPORT FOR \_\_\_\_\_ 19 \_\_\_\_\_

| PART A: INTAKE (EXCLUDE REQUESTS AND APPLICATIONS FOR TRANSFER FROM ANOTHER COUNTY) | COL. A           | COL. B       | COL. C                           |
|-------------------------------------------------------------------------------------|------------------|--------------|----------------------------------|
|                                                                                     | REQUESTS FOR AID | APPLICATIONS | WRITTEN REQUESTS FOR RESTORATION |
| 1. PENDING FROM LAST MONTH (ITEM 5, LAST MONTH, OR EXPLAIN)                         |                  |              |                                  |
| 2. RECEIVED DURING MONTH. . . . .                                                   |                  |              |                                  |
| 3. TOTAL (1 - 2). . . . .                                                           |                  |              |                                  |
| 4. DISPOSED OF DURING MONTH (TOTAL) . . . . .                                       |                  |              |                                  |
| A. APPLICATION SIGNED . . . . .                                                     |                  | XXXXX        | XXXXX                            |
| B. GRANTED. . . . .                                                                 | XXXXX            |              |                                  |
| C. DENIED . . . . .                                                                 | XXXXX            |              |                                  |
| D. WITHDRAWN OR CANCELED. . . . .                                                   |                  |              |                                  |
| 5. PENDING, END OF MONTH. . . . .                                                   |                  |              |                                  |

| PART B: CASES                                                                 | NUMBER OF CASES |
|-------------------------------------------------------------------------------|-----------------|
| 6. BROUGHT FORWARD FROM LAST MONTH (ITEM 10, LAST MONTH OR EXPLAIN) . . . . . |                 |
| 7. GRANTED DURING MONTH (SUM OF A THROUGH E) . . . . .                        |                 |
| A. NEW APPLICATIONS . . . . .                                                 |                 |
| B. REAPPLICATIONS. . . . .                                                    |                 |
| C. RESTORATIONS - WRITTEN REQUEST (SAME AS 4b, COL. C). . . . .               |                 |
| D. RESTORATIONS - WRITTEN REQUEST NOT REQUIRED. . . . .                       |                 |
| E. TRANSFERS FROM ANOTHER COUNTY. . . . .                                     |                 |
| 8. TOTAL CASES (SUM OF 6 AND 7; ALSO A + B BELOW) . . . . .                   |                 |
| A. RECEIVED OAS. . . . .                                                      |                 |
| (1) DIRECT OAS (ENTIRE GRANT TO RECIPIENT) . . . . .                          | ( )             |
| (2) PERSONAL ALLOWANCE & PAYMENT TO PUBLIC MEDICAL INSTITUTION . . . . .      | ( )             |
| (3) ENTIRE GRANT TO PUBLIC MEDICAL INSTITUTION . . . . .                      | ( )             |
| B. DID NOT RECEIVE OAS. . . . . (INCLUDES "0" GRANT CASES)                    |                 |
| 9. DISCONTINUED DURING THE MONTH (SAME AS GRAND TOTAL, FORM AG 253). . . . .  |                 |
| 10. CONTINUED TO NEXT MONTH (8 MINUS 9). . . . .                              |                 |

| PART C: NET EXPENDITURES                                       | AMOUNT   |
|----------------------------------------------------------------|----------|
| 11. DIRECT OAS (ENTIRE GRANT TO RECIPIENT) . . . . .           | \$ _____ |
| 12. OAS FOR RECIPIENTS IN PUBLIC MEDICAL INSTITUTION . . . . . | _____    |
| A. PERSONAL ALLOWANCES TO RECIPIENTS. . . . .                  | \$ _____ |
| B. PAYMENTS TO PUBLIC MEDICAL INSTITUTION . . . . .            | _____    |
| 13. DEPOSITS TO MEDICAL CARE REVOLVING FUND. . . . .           | \$ _____ |
| 14. TOTAL OAS (A + B + C; ALSO 11 + 12 + 13) . . . . .         | \$ _____ |
| A. FEDERAL SHARE. . . . .                                      | _____    |
| B. STATE SHARE . . . . .                                       | _____    |
| C. COUNTY SHARE . . . . .                                      | _____    |

\_\_\_\_\_  
SIGNATURE OF REPORTING OFFICER  
\_\_\_\_\_  
DATE

FORM AG 237, REVISED OCTOBER 1959



CONTINUATION SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE  
(Pursuant to Government Code Section 11380.1)

S-190

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE

BUREAU OF STATISTICAL REPORTS  
722 CAPITOL AVENUE, SACRAMENTO

AID TO NEEDY BLIND  
MONTHLY STATISTICAL REPORT

COUNTY \_\_\_\_\_  
REPORT FOR \_\_\_\_\_ 19\_\_\_\_

| PART A: INTAKE (EXCLUDE REQUESTS AND APPLICATIONS FOR TRANSFER FROM ANOTHER COUNTY) | COL. A<br>REQUESTS FOR AID | COL. B<br>APPLICATIONS | COL. C<br>WRITTEN REQUESTS FOR RESTORATION |
|-------------------------------------------------------------------------------------|----------------------------|------------------------|--------------------------------------------|
| 1. PENDING FROM LAST MONTH (ITEM 5, LAST MONTH, OR EXPLAIN)                         |                            |                        |                                            |
| 2. RECEIVED DURING MONTH                                                            |                            |                        |                                            |
| 3. TOTAL (1 + 2)                                                                    |                            |                        |                                            |
| 4. DISPOSED OF DURING MONTH (TOTAL)                                                 |                            |                        |                                            |
| A. APPLICATION SIGNED                                                               |                            | XXXX                   | XXXX                                       |
| B. GRANTED                                                                          | XXXX                       |                        |                                            |
| C. DENIED                                                                           | XXXX                       |                        |                                            |
| D. WITHDRAWN OR CANCELLED                                                           |                            |                        |                                            |
| 5. PENDING, END OF MONTH                                                            |                            |                        |                                            |

| PART B. CASES                                                      | NUMBER OF CASES |
|--------------------------------------------------------------------|-----------------|
| 6. BROUGHT FORWARD FROM LAST MONTH (ITEM 10 LAST MONTH OR EXPLAIN) |                 |
| 7. GRANTED DURING MONTH (SUM OF A THROUGH F)                       |                 |
| A. NEW APPLICATIONS                                                |                 |
| B. REAPPLICATIONS                                                  |                 |
| C. RESTORATIONS - WRITTEN REQUESTS (SAME AS 4B, COL. C)            |                 |
| D. RESTORATIONS - WRITTEN REQUEST NOT REQUIRED                     |                 |
| E. TRANSFERS FROM ANOTHER COUNTY                                   |                 |
| F. TRANSFERS FROM APSB                                             |                 |
| 8. TOTAL CASES (SUM OF 6 AND 7; ALSO A + B BELOW)                  |                 |
| A. RECEIVED ANB                                                    |                 |
| (1) DIRECT ANB (ENTIRE GRANT TO RECIPIENT)                         |                 |
| (2) PERSONAL ALLOWANCE & PAYMENT TO PUBLIC MEDICAL INSTITUTION     |                 |
| (3) ENTIRE GRANT TO PUBLIC MEDICAL INSTITUTION                     |                 |
| B. DID NOT RECEIVE ANB (INCLUDES "0" GRANT CASES)                  |                 |
| 9. DISCONTINUED DURING THE MONTH (SUM OF A THROUGH D)              |                 |
| A. TRANSFERS TO ANOTHER COUNTY                                     |                 |
| B. TRANSFERS TO APSB                                               |                 |
| C. DISCONTINUED BECAUSE OF DEATH                                   |                 |
| D. ALL OTHER DISCONTINUANCES                                       |                 |
| 10. CONTINUED TO NEXT MONTH (8 MINUS 9)                            |                 |

| PART C: NET EXPENDITURES                              | AMOUNT |
|-------------------------------------------------------|--------|
| 11. DIRECT ANB (ENTIRE GRANT TO RECIPIENT)            | \$     |
| 12. ANB FOR RECIPIENTS IN PUBLIC MEDICAL INSTITUTIONS |        |
| A. PERSONAL ALLOWANCES TO RECIPIENTS                  | \$     |
| B. PAYMENTS TO PUBLIC MEDICAL INSTITUTIONS            |        |
| 13. DEPOSITS INTO MEDICAL CARE REVOLVING FUND         |        |
| 14. TOTAL ANB (A + B + C)                             | \$     |
| A. FEDERAL SHARE                                      |        |
| B. STATE SHARE                                        |        |
| C. COUNTY SHARE                                       |        |

DO NOT WRITE IN THIS SPACE

SIGNATURE OF REPORTING OFFICER \_\_\_\_\_

DATE \_\_\_\_\_

CONTINUATION SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE  
(Pursuant to Government Code Section 11380.1)

S-190

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE

BUREAU OF STATISTICAL REPORTS  
722 CAPITOL AVENUE, SACRAMENTO

AID TO POTENTIALLY SELF-SUPPORTING BLIND RESIDENTS  
MONTHLY STATISTICAL REPORT

COUNTY \_\_\_\_\_  
REPORT FOR \_\_\_\_\_ 19\_\_\_\_

| PART A: INTAKE (EXCLUDE REQUESTS AND APPLICATIONS FOR TRANSFER FROM ANOTHER COUNTY) | COL. A           | COL. B       | COL. C                           |
|-------------------------------------------------------------------------------------|------------------|--------------|----------------------------------|
|                                                                                     | REQUESTS FOR AID | APPLICATIONS | WRITTEN REQUESTS FOR RESTORATION |
| 1. PENDING FROM LAST MONTH (ITEM 5, LAST MONTH, OR EXPLAIN)                         |                  |              |                                  |
| 2. RECEIVED DURING MONTH. . . . .                                                   |                  |              |                                  |
| 3. TOTAL (1 + 2). . . . .                                                           |                  |              |                                  |
| 4. DISPOSED OF DURING MONTH (TOTAL) . . . . .                                       |                  |              |                                  |
| A. APPLICATION SIGNED . . . . .                                                     |                  | X X X X      | X X X X                          |
| B. GRANTED. . . . .                                                                 | X X X X          |              |                                  |
| C. DENIED . . . . .                                                                 | X X X X          |              |                                  |
| D. WITHDRAWN OR CANCELLED . . . . .                                                 |                  |              |                                  |
| 5. PENDING, END OF MONTH. . . . .                                                   |                  |              |                                  |

| PART B: CASES                                                               | NUMBER OF CASES |
|-----------------------------------------------------------------------------|-----------------|
| 6. BROUGHT FORWARD FROM LAST MONTH (ITEM 10 LAST MONTH OR EXPLAIN). . . . . |                 |
| 7. GRANTED DURING MONTH (SUM OF A THROUGH F). . . . .                       |                 |
| A. NEW APPLICATIONS. . . . .                                                |                 |
| B. REAPPLICATIONS. . . . .                                                  |                 |
| C. RESTORATIONS - WRITTEN REQUEST (SAME AS 4B, COL. C). . . . .             |                 |
| D. RESTORATIONS - WRITTEN REQUEST NOT REQUIRED. . . . .                     |                 |
| E. TRANSFERS FROM ANOTHER COUNTY. . . . .                                   |                 |
| F. TRANSFERS FROM ANB . . . . .                                             |                 |
| 8. TOTAL CASES (SUM OF 6 AND 7; ALSO A + B BELOW) . . . . .                 |                 |
| A. RECEIVED APSB. . . . .                                                   |                 |
| B. DID NOT RECEIVE APSB . . . . . (INCLUDES "O" - GRANT CASES)              |                 |
| 9. DISCONTINUED DURING THE MONTH (SUM OF A THROUGH D) . . . . .             |                 |
| A. TRANSFERS TO ANOTHER COUNTY. . . . .                                     |                 |
| B. TRANSFERS TO ANB. . . . .                                                |                 |
| C. DISCONTINUED BECAUSE OF DEATH . . . . .                                  |                 |
| D. ALL OTHER DISCONTINUANCES . . . . .                                      |                 |
| 10. CONTINUED TO NEXT MONTH (8 MINUS 9) . . . . .                           |                 |

| PART C: NET EXPENDITURES   | AMOUNT   |
|----------------------------|----------|
| 11. TOTAL (A + B). . . . . | \$ _____ |
| A. STATE SHARE. . . . .    |          |
| B. COUNTY SHARE . . . . .  |          |

SIGNATURE OF REPORTING OFFICER \_\_\_\_\_

DATE \_\_\_\_\_

DO NOT WRITE IN THIS SPACE



CONTINUATION SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE  
(Pursuant to Government Code Section 11380.1)

S-190

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE

BUREAU OF STATISTICAL REPORTS  
722 CAPITOL AVENUE, SACRAMENTO

AID TO DISABLED  
MONTHLY STATISTICAL REPORT

COUNTY \_\_\_\_\_  
REPORT FOR \_\_\_\_\_ 19\_\_\_\_

| PART A: INTAKE (EXCLUDE REQUESTS AND APPLICATIONS FOR TRANSFER FROM ANOTHER COUNTY) | COL. A                                                    | COL. B          | COL. C                           |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------|-----------------|----------------------------------|
|                                                                                     | REQUESTS FOR AID                                          | APPLICATIONS    | WRITTEN REQUESTS FOR RESTORATION |
| 1. PENDING FROM LAST MONTH (ITEM 5, LAST MONTH, OR EXPLAIN)                         |                                                           |                 |                                  |
| 2. RECEIVED DURING MONTH                                                            |                                                           |                 |                                  |
| 3. TOTAL (1 + 2)                                                                    |                                                           |                 |                                  |
| 4. DISPOSED OF DURING MONTH (TOTAL)                                                 |                                                           |                 |                                  |
| A. APPLICATION SIGNED                                                               |                                                           | X X X X X       | X X X X X                        |
| B. GRANTED                                                                          | X X X X X                                                 |                 |                                  |
| C. DENIED                                                                           | X X X X X                                                 |                 |                                  |
| (1) DOES NOT MEET DEFINITION OF DISABILITY                                          | X X X X X                                                 |                 | X X X X X                        |
| (2) OTHER REASONS                                                                   | X X X X X                                                 |                 | X X X X X                        |
| D. WITHDRAWN OR CANCELLED                                                           |                                                           |                 |                                  |
| 5. PENDING, END OF MONTH                                                            |                                                           |                 |                                  |
| PART B: CASES                                                                       |                                                           | NUMBER OF CASES |                                  |
| 6. BROUGHT FORWARD FROM LAST MONTH (ITEM 10, LAST MONTH, OR EXPLAIN)                |                                                           |                 |                                  |
| 7. GRANTED DURING MONTH (SUM OF A THROUGH D)                                        |                                                           |                 |                                  |
| A. NEW APPLICATIONS                                                                 | THE SUM OF THESE TWO MUST<br>EQUAL ITEM 4B IN<br>COLUMN B |                 |                                  |
| B. REAPPLICATIONS                                                                   |                                                           |                 |                                  |
| C. RESTORATIONS - WRITTEN REQUEST (SAME AS 4B, COL. C)                              |                                                           |                 |                                  |
| D. TRANSFERS FROM ANOTHER COUNTY                                                    |                                                           |                 |                                  |
| 8. TOTAL CASES (SUM OF 6 AND 7; ALSO A + B BELOW)                                   |                                                           |                 |                                  |
| A. RECEIVED ATD                                                                     |                                                           |                 |                                  |
| (1) DIRECT ATD (ENTIRE GRANT TO RECIPIENT)                                          |                                                           | ( )             |                                  |
| (2) PERSONAL ALLOWANCE AND PAYMENT TO PUBLIC MEDICAL INSTITUTION                    |                                                           | ( )             |                                  |
| (3) ENTIRE GRANT TO PUBLIC MEDICAL INSTITUTION                                      |                                                           | ( )             |                                  |
| B. DID NOT RECEIVED ATD (INCLUDES "0"-GRANT CASES)                                  |                                                           |                 |                                  |
| 9. DISCONTINUED DURING THE MONTH (SAME AS GRAND TOTAL, FORM DA 253)                 |                                                           |                 |                                  |
| 10. CONTINUED TO NEXT MONTH (8 MINUS 9)                                             |                                                           |                 |                                  |
| PART C: NET EXPENDITURES                                                            |                                                           | AMOUNT          |                                  |
| 11. DIRECT ATD (ENTIRE GRANT TO RECIPIENT)                                          |                                                           |                 | \$                               |
| 12. ATD FOR RECIPIENTS IN PUBLIC MEDICAL INSTITUTION                                |                                                           |                 |                                  |
| A. PERSONAL ALLOWANCES TO RECIPIENTS                                                |                                                           | \$              |                                  |
| B. PAYMENTS TO PUBLIC MEDICAL INSTITUTIONS                                          |                                                           |                 |                                  |
| 13. TOTAL ATD (A + B + C; ALSO 11 + 12)                                             |                                                           |                 | \$                               |
| A. FEDERAL SHARE                                                                    |                                                           |                 |                                  |
| B. STATE SHARE                                                                      |                                                           |                 |                                  |
| C. COUNTY SHARE                                                                     |                                                           |                 |                                  |

SIGNATURE OF REPORTING OFFICER

DATE

FORM DA 237, REVISED OCTOBER 1959

OCT 1 '59

These Regulations are designated to become effective

CONTINUATION SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE  
(Pursuant to Government Code Section 11380.1)

S-190

State of California  
Department of Social Welfare

Bureau of Statistical Reports  
722 Capitol Avenue, Sacramento

## PUBLIC ASSISTANCE ANNUAL REINVESTIGATIONS

Monthly Statistical Report

Submit in Duplicate

County \_\_\_\_\_

Report for \_\_\_\_\_ 19\_\_\_\_

|                                                                              | OAS | ANB<br>AND<br>APSB | ANC<br>(FG & BHI) | ATD |
|------------------------------------------------------------------------------|-----|--------------------|-------------------|-----|
| 1. TOTAL DUE OR OVERDUE (1A + 1B).....                                       |     |                    |                   |     |
| A. REPORTED OVERDUE IN ITEM 3 LAST MONTH.....                                |     |                    |                   |     |
| B. BECOMING DUE THIS MONTH.....                                              |     |                    |                   |     |
| 2. DISPOSED OF THIS MONTH (2A + 2B).....                                     |     |                    |                   |     |
| A. COMPLETED.....                                                            |     |                    |                   |     |
| B. CANCELED BY DISCONTINUANCE OF CASE.....                                   |     |                    |                   |     |
| 3. OVERDUE AT END OF MONTH (1 MINUS 2; 3A + 3B)....                          |     |                    |                   |     |
| A. 12 MONTHS OR MORE OVERDUE.....                                            |     |                    |                   |     |
| B. LESS THAN 12 MONTHS OVERDUE (SUM OF ENTRIES<br>BELOW, BY MONTHS DUE)..... |     |                    |                   |     |
| JANUARY 19.....                                                              |     |                    |                   |     |
| FEBRUARY 19.....                                                             |     |                    |                   |     |
| MARCH 19.....                                                                |     |                    |                   |     |
| APRIL 19.....                                                                |     |                    |                   |     |
| MAY 19.....                                                                  |     |                    |                   |     |
| JUNE 19.....                                                                 |     |                    |                   |     |
| JULY 19.....                                                                 |     |                    |                   |     |
| AUGUST 19.....                                                               |     |                    |                   |     |
| SEPTEMBER 19.....                                                            |     |                    |                   |     |
| OCTOBER 19.....                                                              |     |                    |                   |     |
| NOVEMBER 19.....                                                             |     |                    |                   |     |
| DECEMBER 19.....                                                             |     |                    |                   |     |
| 4. COMPLETED PRIOR TO ANNIVERSARY MONTH (DO NOT<br>INCLUDE IN ITEM 2A).....  |     |                    |                   |     |

Signature of Reporting Officer

Date

Form DPA 10, Revised October 1959

These Regulations are designated to become effective OCT 1 '59



CONTINUATION SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE  
(Pursuant to Government Code Section 11380.1)

State of California  
Department of Social Welfare

Bureau of Statistical Reports  
722 Capitol Avenue, Sacramento

S-190

DISPOSITION OF PUBLIC ASSISTANCE APPLICATIONS  
AND WRITTEN REQUESTS FOR RESTORATION  
Monthly Statistical Report  
(Exclude applications for transfer from  
another county and automatic restorations)

COUNTY \_\_\_\_\_  
REPORT FOR \_\_\_\_\_ 19\_\_\_\_

|                                                                                            |                    | OAS<br>(1) | ANB<br>(2) | ANC-FG<br>(Families)<br>(3) | ANC-BHI<br>(Children)<br>(4) | ATD<br>(5) |
|--------------------------------------------------------------------------------------------|--------------------|------------|------------|-----------------------------|------------------------------|------------|
| 1. Total applications disposed of<br>(Item 1A + Item 1B)                                   |                    |            |            |                             |                              |            |
| A. Pre-eligible applications<br>disposed of                                                |                    |            |            | XXXXXXX                     | XXXXXXX                      | XXXXXXX    |
| (1) Signed within 60 days<br>before age 65                                                 |                    |            | XXXXXXX    | XXXXXXX                     | XXXXXXX                      | XXXXXXX    |
| (2) Held for expected eligi-<br>bility within 90 days                                      |                    |            |            | XXXXXXX                     | XXXXXXX                      | XXXXXXX    |
| B. All other applications dis-<br>posed of (equals sum of<br>entries below)                |                    |            |            |                             |                              |            |
| Number of<br>days since<br>application<br>signed*                                          | 1 - 30 days        |            |            |                             |                              |            |
|                                                                                            | 31 - 45 days       |            |            |                             |                              |            |
|                                                                                            | 46 - 60 days       |            |            |                             |                              |            |
|                                                                                            | 61 - 90 days       |            |            |                             |                              |            |
|                                                                                            | more than 90 days. |            |            |                             |                              |            |
| 2. Total written requests for<br>restoration disposed of this<br>month (Item 2A + Item 2B) |                    |            |            |                             |                              |            |
| A. Held for expected eligibil-<br>ity within 90 days (OAS only)                            |                    |            | XXXXXXX    | XXXXXXX                     | XXXXXXX                      | XXXXXXX    |
| B. All other requests dis-<br>posed of (Equals sum of<br>entries below)                    |                    |            |            |                             |                              |            |
| No. of days<br>since req.<br>for<br>restoration<br>signed*                                 | 1 - 30 days        |            |            |                             |                              |            |
|                                                                                            | 31 - 45 days       |            |            |                             |                              |            |
|                                                                                            | 46 - 60 days       |            |            |                             |                              |            |
|                                                                                            | 61 - 90 days       |            |            |                             |                              |            |
|                                                                                            | more than 90 days. |            |            |                             |                              |            |

\* Number of days between date of signature and date of official action (granted or denied);  
if withdrawn, between date of signature and date withdrawn by applicant.

Signature of Reporting Officer \_\_\_\_\_ DATE \_\_\_\_\_

Form DPA 46, October 1959



CONTINUATION SHEET  
**FOR FILING ADMINISTRATIVE REGULATIONS  
 WITH THE SECRETARY OF STATE**  
 (Pursuant to Government Code Section 11380.1)

**Statistical**

S-400 INTRODUCTION - MONTHLY STATISTICAL REPORTS ON MEDICAL CARE S-400  
 OF OAS, AB, AND ANC RECIPIENTS (FORMS AG 260, BL 260,  
 APSB 260, CA 260-FG AND CA 260-BHI)

**Content of Reports**

These statistical forms are to be used to report medical care services and expenditures allowed under the Medical Care program. For services rendered to OAS, ANB and APSB recipients after September 30, 1959, the reports will include only those paid from the County Medical Care Revolving Fund. For services rendered to OAS, ANB, and APSB recipients prior to October 1, 1959, the reports will also include unit counts and amounts from both the Medical Care Trust Fund and supplemental payments. In addition to being included in Items 1 through 9 on the report form, amounts of payments for total services and for drugs furnished prior to October 1, 1959, will be shown in Item 11, segregated according to whether payment was made from the Medical Care Trust Fund or supplemental payments.

Medical Care provided from county indigent funds or from other county only funds, is to be excluded from these statistical reports.

**When to Report Medical Care**

The Medical Care statistical reports shall be sent in duplicate to Bureau of Statistical Reports, State Department of Social Welfare, 722 Capitol Avenue, Sacramento, California, to arrive by the 12th of each month following the month covered by the report.

S-402 GENERAL INSTRUCTIONS - MONTHLY STATISTICAL REPORTS ON S-402  
 MEDICAL CARE, FORMS AG 260, BL 260, APSB 260, CA 260-FG,  
 AND CA 260-BHI

**Counties with CPS Contracts**

Counties having contracts with California Physicians' Service shall submit monthly statistical reports on those medical care services for which they receive and process bills under the state Medical Care program, i.e., medical care provided by chiropractors, spiritual healers, public clinics. Counties shall also report on authorizations for "complete" dental care for children. California Physicians' Service will provide the State Department of Social Welfare with statistical reports on the vendor services included in their contracts for each county.

(Continued)



CONTINUATION SHEET  
**FOR FILING ADMINISTRATIVE REGULATIONS  
 WITH THE SECRETARY OF STATE**  
 (Pursuant to Government Code Section 11380.1)

Statistical

S-402 (Continued)

S-402

Medical Care Provided by Public and Private Clinics

Medical care services provided by public and private clinics will be reported in the same way as services provided by other vendors, i.e., according to the type of service provided. Exception: Payments to the University of California Clinic, San Francisco, are on a "unit-fee" basis. Report the number of visits (units of service) and the amount of the payments under "9c."

Month Covered by Report

Report medical services according to the calendar month in which the payment is made.

S-420 COLUMN DEFINITIONS, FORMS AG 260, BL 260, APSB 260,  
 CA 260-FG AND CA 260-BHI

S-420

Each Form 260 is divided into two columns. Column (1) is for reporting the number of units of service provided, and Column (2) for reporting the amount paid for them.

Column (1) - Units of Service: Report in this column services rendered under the Medical Care Program. Enter a total at the top of the column. This total, since it consists of a variety of units, is significant only for control purposes.

The unit of count varies with the type of service:

The Visit will be the unit of count for physicians, other practitioners, visiting nurses, and the University of California Clinic.

The Statement (Forms MC 162 and 163) will be the unit of count for dental care and rehabilitation centers.

The Prescription (Form MC 165) will be the unit of count for drugs.

The Injection will be the unit of count for injections administered by physicians during visits, home or office.

Column (2) - Amounts: Enter in this column the amounts expended during the month for each type of medical care.

The sum of the entries will equal the "Total" entry. Include payments from grant for services rendered before October 1, 1959. Amounts may be rounded to the nearest dollar.

DO NOT WRITE IN THIS SPACE

OCT 1 '59

These Regulations are designated to become effective.....

CONTINUATION SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE  
(Pursuant to Government Code Section 11380.1)

Statistical

S-440 TYPES OF MEDICAL CARE, FORMS AG 260, BL 260, APSB 260, S-440  
CA 260-FG AND CA 260-BHI

Item 1. Physicians' visits - report the number of visits (home and office) of licensed medical and osteopathic practitioners and the amount paid for these services. The following procedures (Medical Care Manual Sec. 040.1) are counted as visits:

|     |     |     |     |
|-----|-----|-----|-----|
| 004 | 011 | 030 | 032 |
| 006 | 028 | 031 | 034 |
| 007 |     |     |     |

Item 2. Other practitioners' visits - report the number of visits (home and office) of chiropractors, chiropodists, and spiritual healers and the amount paid for these services. The following procedures (Medical Care Manual Secs. 043, 044, 045) will be included:

Chiropody (Medical Care Manual Sec. 043):

|    |    |    |
|----|----|----|
| 10 | 20 | 30 |
|----|----|----|

Chiropractic (Medical Care Manual Sec. 044):

|     |     |     |     |     |     |     |     |     |     |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 004 | 005 | 006 | 007 | 011 | 028 | 030 | 031 | 032 | 034 |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|

Spiritual healer (Medical Care Manual Sec. 045):

|   |   |
|---|---|
| 1 | 2 |
|---|---|

Item 3. Visiting Nurse visits - report the number of visits by visiting nurses and the total amount paid for these visits. (Medical Care Manual Sec. 047)

Item 4. Special Medical Procedures - report the amounts paid for the procedures specified below:

Medical Care Manual Sec. 040.1

|     |     |           |
|-----|-----|-----------|
| 026 | 027 | 102 - 151 |
|-----|-----|-----------|

Medical Care Manual Sec. 040.2

|             |             |             |             |
|-------------|-------------|-------------|-------------|
| 0101 - 0402 | 1401 - 1517 | 2631 - 2644 | 5057 - 5062 |
| 0430        | 1851 - 1892 | 2701 - 3590 | 5437 - 5844 |
| 0501        | 1901 - 2186 | 3931 - 4033 | 5901 - 5961 |
| 0686 - 0980 | 2454        | 4101 - 4305 |             |
| 1251 - 1385 | 2461        | 4403 - 4713 |             |

(Continued)

DO NOT WRITE IN THIS SPACE



CONTINUATION SHEET  
**FOR FILING ADMINISTRATIVE REGULATIONS  
 WITH THE SECRETARY OF STATE**  
 (Pursuant to Government Code Section 11380.1)

Statistical

S-440 (Continued)

S-440

Chiropody (Medical Care Manual Sec. 043)

|         |         |
|---------|---------|
| 50 - 53 | 70 - 72 |
| 60      | 80 - 96 |

Chiropractic (Medical Care Manual Sec. 044)

|     |     |           |
|-----|-----|-----------|
| 026 | 027 | 102 - 151 |
|-----|-----|-----------|

Item 5. X-ray - report the amounts paid for the following procedures:

Medical Care Manual Section 040.3

|             |             |
|-------------|-------------|
| 7007 - 7112 | 7350 - 7377 |
| 7201 - 7258 | 7450 - 7478 |
| 7300 - 7308 |             |

Chiropody (Medical Care Manual Sec. 043)

40 - 44

Item 6. Laboratory - report the amounts paid for the following procedures:Medical Care Manual Sec. 040.4

|             |             |             |             |
|-------------|-------------|-------------|-------------|
| 8602 - 8750 | 8851 - 8878 | 8901 - 8918 | 8950 - 8999 |
| 8800 - 8835 | 8881 - 8895 | 8930 - 8949 |             |

Item 7. Drugs and Other Medical Supplies -

Drugs reported here are limited to  
 those specified in Manual Section MC 031.1.

A. Prescriptions - Enter the number of prescriptions (Form MC 165) and the amounts paid.

Exceptions: Oxygen - Whenever a charge for oxygen is identifiable, it shall not be reported under prescription, but the amount shall be reported under Item 9F. Injections administered by a physician in the course of a visit shall be reported under 7B.

B. Injections administered by a physician - Enter the number of injections administered by physicians for which charges were made on Form MC 163 and the total amount of the charges.

(Continued)

DO NOT WRITE IN THIS SPACE

OCT 1 '59

These Regulations are designated to become effective.....

CONTINUATION SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE  
(Pursuant to Government Code Section 11380.1)

Statistical

S-440 (Continued)

S-440

- Item 8. Dental Care - report the number of dental care statements (Form MC 162) which were paid during the month and the amount paid. Report following procedures here:

Medical Care Manual Sec. 042

010 - 360

- Item 9. Other Allowable Types of Medical Care - report as follows, under A, B, C, etc.:

- A. Physical Therapy or Physio-therapy (MC 048) - Enter the amount paid for this type of service.
- B. Mileage for physicians, Procedures Code 008, (MC 040.1); for chiropractors, Procedures Code 008 (MC 044); and for chiropodists, Procedures Code 35 (MC 043). Enter the amount paid for mileage.
- C. U.C. Clinic - Report the number of visits and the amounts paid during the month to the University of California Clinic.
- D. Services of Rehabilitative Centers (MC 031.5) - Report the number of statements and the amounts paid.
- E. Nursing Service (Other than visiting nurses) (MC 031.5) - Report the number of visits and the amounts paid.
- F. Other - Report here the amounts paid for types of service not classifiable in any of the items preceding. If these amounts exceed one percent of total expenditures for any month, show the detail on the reverse side of the report form.

- Item 10. Diagnostic Appraisals - Enter a count of the number of diagnostic appraisals (MC Code 028) for which payment was made during the month. (Note that these visit counts and the expenditures are also included under the physician's visits, Item 1, or other practitioner's visits, Item 2.)

(Continued)

DO NOT WRITE IN THIS SPACE



CONTINUATION SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE  
(Pursuant to Government Code Section 11380.1)

Statistical

S-440 (Continued)

S-440

Item 11. (ANC only) "Complete" Dental Care - Requests Authorized this Month - make entries as follows:

Number of Children - Enter the number of children under 13 years of age in whose behalf the county authorized "complete" dental care during the month.

Amount Authorized - Enter the amount authorized by the county for the "complete" dental care of the above children. This amount is not expected to agree with the actual expenditures which are reported in Item 8.

Item 11. (OAS, ANB, and APSB only) Expenditures for Services Provided before October 1, 1959 - This item will become obsolete when all such services have been paid for.

- A. Total. Enter under the appropriate heading (Fund or Grant) the total amount of money expended during the month in direct payments from the Medical Care Trust Fund to vendors and in supplemental assistance payments to recipients, for services within the scope of the Medical Care program provided before October 1, 1959. These are portions of the amount entered as the total of Column (2).
- B. Drugs. Enter the total amount of money expended during the month in direct payments from the Medical Care Trust Fund to vendors for drugs which were furnished before October 1, 1959. This is a portion of the amount entered in Item 7.

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET  
 . OR FILING ADMINISTRATIVE REGULATIONS  
 WITH THE SECRETARY OF STATE  
 (Pursuant to Government Code Section 11380.1)

Statistical

MEDICAL CARE

S-454

S-450 INTRODUCTION - MONTHLY STATISTICAL REPORT ON FUNCTIONAL  
 IMPROVEMENT SERVICES FOR AID TO NEEDY DISABLED RECIPIENTS,  
 FORM DA 260

S-450

Content of Report

Form DA 260, Monthly Statistical Report on Functional Improvement Services for Aid to Needy Disabled Recipients is to be used to report the number of and payments for functional improvement services for ATD recipients made during the month.

Report only those services under the program for functional improvement which were paid for from Medical Care Funds. Do not report services paid for from county indigent funds or other county-only funds; and do not report services provided without charge to ATD recipients by public and private clinics and other public and private resources.

When to Report

Form DA-260, shall be sent in duplicate to Bureau of Statistical Reports, State Department of Social Welfare, 722 Capitol Avenue, Sacramento, California, to arrive by the 12th of each month following the month covered by the report.

S-452 GENERAL INSTRUCTIONS - FORM DA 260

S-452

Counties with CPS Contracts

California Physicians' Service will provide the State Department of Social Welfare with statistical reports on services rendered and expenditures made by each county with which CPS has a contract to receive and process bills under this program.

Month Covered by the Report

Report functional improvement services according to the calendar month in which payment is made.

S-454 ITEM DEFINITIONS - FORM DA 260

S-454

Services and expenditures for functional physical improvement will be reported according to the stage to which the individual improvement plan has progressed:

Part A will be used to report on the initial evaluation of the feasibility of a plan for functional improvement;

Part B will be used to report on the operation of the plan itself-- services and expenditures directed toward the recipient's functional improvement;

Part C will be used to report on services and expenditures devoted to a final evaluation of the recipient after the treatment plan is completed.

(Continued)

CALIFORNIA-SDSW-MANUAL- STAT

Rev. 179 replaces Rev. 160

Effective 10/1/59

DO NOT WRITE IN THIS SPACE



CONTINUATION SHEET  
 FOR FILING ADMINISTRATIVE REGULATIONS  
 WITH THE SECRETARY OF STATE  
 (Pursuant to Government Code Section 11380.1)

S-454

MEDICAL CARE

Statistical

S-454 (Continued)

S-454

A separate authorization will be issued for each stage of the plan, i.e., each initial evaluation, each improvement plan, and each final evaluation.

Part A. Initial Evaluation for Functional Improvement Services.

This part is to be used only for reporting the number of services and the amounts expended for initial evaluations by physicians and other medical specialists working under their direction and for necessary ancillary services.

An initial evaluation in this context, is any medical service or activity to determine the feasibility, nature and cost of a treatment plan whereby a recipient may achieve an increased capacity for self-care.

Specialist services itemized here are those expected to be used most frequently for evaluations. Other medical doctors such as general practitioners and psychiatrists, may also be used and will be reported in Item 1,e.

Ancillary evaluation services are those allied medical services used by medical practitioners to make diagnoses and include X-rays, chemical analyses and other laboratory procedures.

Other evaluation services (Item 5) would include psychological and nursing evaluation. Include here any services not classifiable under Items 1 through 4.

See Manual Section S-456 for definitions of the units to be used in counting these services.

Part B. Functional Improvement Services.

This part is to be used for reporting only services and expenditures for the actual treatment plan for functional physical improvement. Exclude all services directed toward initial evaluation (Part A) and final evaluation (Part C).

In this context, a treatment plan for functional physical improvement consists of any service, activity, appliance or other device that will increase the recipient's capacity for self-care.

While the items in this part are largely self-explanatory, the following may be of help:

Item 7b. Nursing Service Visits. These are visits by nurses other than those from the Visiting Nurse Association.

Item 10. Other practitioner visits. Examples of other practitioners are chiropodists and dentists.

(Continued)

DO NOT WRITE IN THIS SPACE



CONTINUATION SHEET  
**JR FILING ADMINISTRATIVE REGULATIONS**  
**WITH THE SECRETARY OF STATE**  
(Pursuant to Government Code Section 11380.1)

Statistical

MEDICAL CARE

S-454

S-454 (Continued)

S-454

Item 12a. Prosthetic Appliances, other aids and devices. Examples of these are artificial limbs, specially shaped cutlery to facilitate feeding one's self, etc.

Item 12b. Housing alterations and additions. This would include such things as a ramp to accommodate a wheelchair, a railing to steady a recipient, or other specially built devices.

Item 12c. Other Aids for Self-Care (specify). If an aid for self-care does not appear to be classifiable under 12a or 12b, report it here, and specify the nature of each such aid reported.

Item 13. Other Allowable Types of Care (specify). If the improvement service does not appear to be classifiable under any one of Items 6 through 12, report it here and specify the nature of each such service reported.

This item may also be used to report new improvement services if any are added under an expansion of the program.

See Manual Section S-456 for definitions of the units to be used in counting these services.

Part C. Final Evaluation of Functional Improvement - Total

This part will be used to report only the number of final evaluations of treatment plans and expenditures for these evaluations.

As used here, a final evaluation is any medical service or activity to evaluate how well a recipient has responded to the prescribed treatment.

Specialist services available for evaluation are not limited to those listed in Part C, Form DA 260. If any evaluative service does not appear to be classifiable under any of the specific items listed, report it under Item 18, specifying the type of service rendered.

See Sec. S-456 for definitions of the units to be used in counting these services.

DO NOT WRITE IN THIS SPACE



CONTINUATION SHEET  
 FOR FILING ADMINISTRATIVE REGULATIONS  
 WITH THE SECRETARY OF STATE  
 (Pursuant to Government Code Section 11380.1)

S-456

MEDICAL CARE

Statistical

S-456

COLUMN DEFINITIONS - FORM DA 260

S-456

Column (1), Number of Units of Service

Report in this column the number of units of service rendered under the ATD program of functional improvement. The grand total and the subtotals for Parts A, B, and C, consist of a variety of units and are provided only for control purposes. The unit of count varies with the type of service.

Initial and Final Evaluations will each be billed and paid as a unit regardless of the number of visits involved to complete an evaluation. (Items 1-3 and Items 14-16.)

Ancillary and "Other" Evaluation Services: The invoice, bill, or statement will be the unit of count for ancillary services and other evaluation services. (Items 4, 5, 13, and 17.)

The visit will be the unit of count for services provided by physicians, visiting nurses association, and other nurses; physical and occupational therapists and other practitioners, under the plan for functional improvement. (Items 6-10.)

The Prescription: Form MC 165 will be the unit of count for drugs. (Item 11a.)

The Injection will be the unit of count for injections administered by physicians during visits, home or office. (Item 11b.)

Aids for Self-Care: The statement or invoice (Form MC 163 or other billing form) will be the unit of count for aids for self-care. (Item 12)

Column (2), Amounts

Enter in this column the amounts expended during the month for the services of each type reported in Column (1). The sum of these entries will equal the "total" for each part and the grand total.

DO NOT WRITE IN THIS SPACE



CONTINUATION SHEET  
**OR FILING ADMINISTRATIVE REGULATIONS  
 WITH THE SECRETARY OF STATE**  
 (Pursuant to Government Code Section 11380.1)

Statistical

MEDICAL CARE

S-460

S-460

MONTHLY STATISTICAL REPORT ON AID TO NEEDY DISABLED RECIPIENTS  
 RECEIVING SERVICES FOR FUNCTIONAL IMPROVEMENT - FORM DA 261

S-460

Content of Report

Form DA 261, Monthly Statistical Report on Aid to Needy Disabled Recipients Receiving Services for Functional Improvement, is to be used to report the flow of recipients (Part A) through the process of initial evaluation of potential for functional improvement and (Part B) through the process of functional improvement; itself (those approved). If a recipient is receiving both evaluation and functional improvement services in a given month, he should be reported in both Parts A and B. This report is not concerned with the final evaluation process.

When to Report

Form DA 261 shall be sent in duplicate to Bureau of Statistical Reports, State Department of Social Welfare, 722 Capitol Avenue, Sacramento, California, to arrive by the 12th of each month following the month covered by the report.

Part A. Initial Evaluation for Functional Improvement

This part is concerned with counts of recipients whose potential for functional improvement is being evaluated.

- Item 6. Evaluation in Process, Beginning of Month. Enter the number of recipients undergoing initial evaluation at the beginning of the month. This should be the same as Item 10 of the preceding month's report. If it is not the same, enter the correct figure and explain the difference in a footnote.
- Item 7. Evaluation Authorization Received During Month. Enter the number of recipients for whom an initial evaluation was authorized by the State Department of Social Welfare during the month.
- Item 8. Total Under Evaluation During Month. Enter the sum of Item 6 and 7.
- Item 9. Evaluation Completed During Month. Enter the total number of recipients for whom initial evaluations were completed.
- Item 10. Evaluations in Process, End of Month. Enter the number of recipients whose evaluation was still in process at the end of the month. This equals Item 8 minus Item 9.

(Continued)



CONTINUATION SHEET  
**JR FILING ADMINISTRATIVE REGULATIONS  
 WITH THE SECRETARY OF STATE**  
 (Pursuant to Government Code Section 11380.1)

S-460

MEDICAL CARE

Statistical

S-460 (Continued)

S-460

Part B. Functional Improvement Plan

This part is concerned with counts of recipients who are undergoing functional improvement with an approved plan and permits accounting for the number in each step of the process. A plan will be considered to be in effect as soon as authorization for a treatment plan has been received.

Item 11. Plan in Process, Beginning of Month. Enter the number of recipients undergoing functional improvement at the beginning of the month. This should be the same as Item 15 of the preceding month's report. If it is not the same, enter the correct figure and explain the difference in a footnote.

Item 12. Plan Received During Month. Enter the total number of recipients for whom a functional improvement plan was received during the month. This is the sum of sub-items 12a and 12b.

- a. Initial Plan. Enter the number of recipients for whom a functional improvement plan was received this month and for whom this was the first such plan.
- b. Not Initial Plan. Enter the number of recipients for whom a functional improvement plan was received this month and who had had an earlier plan which was terminated, whether completed or otherwise discontinued.

Item 13. Total with Plan in Effect During Month. Enter the total number of recipients who had a plan for functional improvement in effect during the month. This is the sum of Items 11 and 12.

Item 14. Plan Terminated During Month. Enter the number of recipients whose plans for functional improvement were ended during the month. This is the sum of 14a and 14b.

- a. Plan Completed. Enter the number of recipients whose functional improvement plans were ended during the month because they had been carried through to completion.
- b. Plan Otherwise Terminated. Enter the number of recipients whose functional improvement plans were ended during the month without being completed.

Item 15. Plan in Process, End of Month. Enter the number of recipients who were undergoing functional improvement plans at the end of the month. This is equal to Item 13 minus Item 14.

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE  
(Pursuant to Government Code Section 11380.1)

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

S-490

MEDICAL CARE SERVICES AND PAYMENTS

OLD AGE SECURITY

(Buff)

MONTHLY STATISTICAL REPORT

SUBMIT IN DUPLICATE BY 12TH OF MONTH FOLLOWING  
MONTH OF REPORT.

COUNTY \_\_\_\_\_  
MONTH OF \_\_\_\_\_ 19 \_\_\_\_\_

DO NOT WRITE IN THIS SPACE

| TYPES OF MEDICAL CARE                                       | NUMBER OF UNITS<br>OF SERVICE<br>(1) | AMOUNT<br>(2) |
|-------------------------------------------------------------|--------------------------------------|---------------|
| TOTAL                                                       |                                      | \$            |
| 1. PHYSICIAN'S VISITS . . . . .                             |                                      |               |
| 2. OTHER PRACTITIONER'S VISITS . . . . .                    |                                      |               |
| 3. VISITING NURSE - NO. OF VISITS . . . . .                 |                                      |               |
| 4. SPECIAL MEDICAL PROCEDURES . . . . .                     | X X X X X                            |               |
| 5. X-RAY . . . . .                                          | X X X X X                            |               |
| 6. LABORATORY . . . . .                                     | X X X X X                            |               |
| 7. DRUGS                                                    |                                      |               |
| A. NO. OF PRESCRIPTIONS . . . . .                           |                                      |               |
| B. NO. OF INJECTIONS ADMINISTERED BY A PHYSICIAN. . . . .   |                                      |               |
| 8. DENTAL CARE - NUMBER OF STATEMENTS . . . . .             |                                      |               |
| 9. OTHER ALLOWABLE TYPES OF CARE . . . . .                  |                                      |               |
| A. PHYSICAL THERAPY . . . . .                               | X X X X X                            |               |
| B. MILEAGE . . . . .                                        | X X X X X                            |               |
| C. U. C. CLINIC - NO. OF VISITS . . . . .                   |                                      |               |
| D. REHABILITATIVE CENTERS - NO. OF STATEMENTS . . . . .     |                                      |               |
| E. NURSING SERVICE OTHER THAN VNA - NO. OF VISITS . . . . . |                                      |               |
| F. OTHER (SPECIFY DETAIL IF OVER 1% OF TOTAL) . . . . .     | X X X X X                            |               |

10. DIAGNOSTIC APPRAISALS - NUMBER OF CASES . . . . .

11. EXPENDITURES FOR SERVICES PROVIDED BEFORE  
OCTOBER 1, 1959 AND INCLUDED IN COLUMN (2): . . . . .

|          | FUND | GRANT |
|----------|------|-------|
| A. TOTAL | \$   | \$    |
| B. DRUGS | \$   | \$    |

PREPARED BY \_\_\_\_\_

DATE \_\_\_\_\_



CONTINUATION SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE  
(Pursuant to Government Code Section 11380.1)

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

S-490

MEDICAL CARE SERVICES AND PAYMENTS

AID TO NEEDY BLIND

(light green)

MONTHLY STATISTICAL REPORT

SUBMIT IN DUPLICATE BY 12TH OF MONTH FOLLOWING  
MONTH OF REPORT.

COUNTY \_\_\_\_\_  
MONTH OF \_\_\_\_\_ 19 \_\_\_\_\_

| TYPES OF MEDICAL CARE                                       | NUMBER OF UNITS<br>OF SERVICE<br>(1) | AMOUNT<br>(2) |
|-------------------------------------------------------------|--------------------------------------|---------------|
| TOTAL                                                       |                                      | \$            |
| 1. PHYSICIAN'S VISITS . . . . .                             |                                      |               |
| 2. OTHER PRACTITIONER'S VISITS . . . . .                    |                                      |               |
| 3. VISITING NURSE - NO. OF VISITS . . . . .                 |                                      |               |
| 4. SPECIAL MEDICAL PROCEDURES . . . . .                     | X X X X X                            |               |
| 5. X-RAY . . . . .                                          | X X X X X                            |               |
| 6. LABORATORY . . . . .                                     | X X X X X                            |               |
| 7. DRUGS                                                    |                                      |               |
| A. NO. OF PRESCRIPTIONS . . . . .                           |                                      |               |
| B. NO. OF INJECTIONS ADMINISTERED BY A PHYSICIAN. . . . .   |                                      |               |
| 8. DENTAL CARE - NUMBER OF STATEMENTS . . . . .             |                                      |               |
| 9. OTHER ALLOWABLE TYPES OF CARE . . . . .                  |                                      |               |
| A. PHYSICAL THERAPY . . . . .                               | X X X X X                            |               |
| B. MILEAGE . . . . .                                        | X X X X X                            |               |
| C. U. C. CLINIC - NO. OF VISITS . . . . .                   |                                      |               |
| D. REHABILITATIVE CENTERS - NO. OF STATEMENTS . . . . .     |                                      |               |
| E. NURSING SERVICE OTHER THAN VNA - NO. OF VISITS . . . . . |                                      |               |
| F. OTHER (SPECIFY DETAIL IF OVER 1% OF TOTAL) . . . . .     | X X X X X                            |               |

|                                                                                                        |          |            |             |
|--------------------------------------------------------------------------------------------------------|----------|------------|-------------|
| 10. DIAGNOSTIC APPRAISALS - NUMBER OF CASES . . . . .                                                  |          |            |             |
| 11. EXPENDITURES FOR SERVICES PROVIDED BEFORE<br>OCTOBER 1, 1959 AND INCLUDED IN COLUMN (2): . . . . . | A. TOTAL | FUND<br>\$ | GRANT<br>\$ |
|                                                                                                        | B. DRUGS | \$         | \$          |

PREPARED BY \_\_\_\_\_ DATE \_\_\_\_\_



CONTINUATION SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE  
(Pursuant to Government Code Section 11380.1)

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

S-490

MEDICAL CARE SERVICES AND PAYMENTS

(dark green)

AID TO POTENTIALLY SELF-SUPPORTING BLIND RESIDENTS

MONTHLY STATISTICAL REPORT

SUBMIT IN DUPLICATE BY 12TH OF MONTH FOLLOWING  
MONTH OF REPORT.

COUNTY \_\_\_\_\_

MONTH OF \_\_\_\_\_ 19\_\_\_\_

| TYPES OF MEDICAL CARE                                       | NUMBER OF UNITS<br>OF SERVICE<br>(1) | AMOUNT<br>(2) |
|-------------------------------------------------------------|--------------------------------------|---------------|
| TOTAL                                                       |                                      | \$            |
| 1. PHYSICIAN'S VISITS . . . . .                             |                                      |               |
| 2. OTHER PRACTITIONER'S VISITS . . . . .                    |                                      |               |
| 3. VISITING NURSE - NO. OF VISITS . . . . .                 |                                      |               |
| 4. SPECIAL MEDICAL PROCEDURES . . . . .                     | X X X X X                            |               |
| 5. X-RAY . . . . .                                          | X X X X X                            |               |
| 6. LABORATORY . . . . .                                     | X X X X X                            |               |
| 7. DRUGS                                                    |                                      |               |
| A. NO. OF PRESCRIPTIONS . . . . .                           |                                      |               |
| B. NO. OF INJECTIONS ADMINISTERED BY A PHYSICIAN. . . . .   |                                      |               |
| 8. DENTAL CARE - NUMBER OF STATEMENTS . . . . .             |                                      |               |
| 9. OTHER ALLOWABLE TYPES OF CARE . . . . .                  |                                      |               |
| A. PHYSICAL THERAPY . . . . .                               | X X X X X                            |               |
| B. MILEAGE . . . . .                                        | X X X X X                            |               |
| C. U. C. CLINIC - NO. OF VISITS . . . . .                   |                                      |               |
| D. REHABILITATIVE CENTERS - NO. OF STATEMENTS . . . . .     |                                      |               |
| E. NURSING SERVICE OTHER THAN VNA - NO. OF VISITS . . . . . |                                      |               |
| F. OTHER (SPECIFY DETAIL IF OVER 1% OF TOTAL) . . . . .     | X X X X X                            |               |

10. DIAGNOSTIC APPRAISALS - NUMBER OF CASES . . . . .

|                                                                                                        | FUND | GRANT |
|--------------------------------------------------------------------------------------------------------|------|-------|
| 11. EXPENDITURES FOR SERVICES PROVIDED BEFORE<br>OCTOBER 1, 1959 AND INCLUDED IN COLUMN (2): . . . . . |      |       |
| A. TOTAL                                                                                               | \$   | \$    |
| B. DRUGS                                                                                               | \$   | \$    |

PREPARED BY \_\_\_\_\_

DATE \_\_\_\_\_

FORM APSB 260, REVISED OCTOBER 1959



CONTINUATION SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE  
(Pursuant to Government Code Section 11380.1)

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

## MEDICAL CARE SERVICES AND PAYMENTS

S-490

AID TO NEEDY CHILDREN - FAMILY GROUPS

MONTHLY STATISTICAL REPORT

SUBMIT IN DUPLICATE BY 12TH OF MONTHS FOLLOWING  
MONTH OF REPORT.

COUNTY \_\_\_\_\_

MONTH OF \_\_\_\_\_ 19\_\_\_\_

| TYPES OF MEDICAL CARE                                        |  | NUMBER OF UNITS<br>OF SERVICE<br>(1) | AMOUNT<br>(2) |
|--------------------------------------------------------------|--|--------------------------------------|---------------|
| TOTAL                                                        |  |                                      | \$            |
| 1. PHYSICIAN'S VISITS . . . . .                              |  |                                      |               |
| 2. OTHER PRACTITIONER'S VISITS . . . . .                     |  |                                      |               |
| 3. VISITING NURSE - NO. OF VISITS . . . . .                  |  |                                      |               |
| 4. SPECIAL MEDICAL PROCEDURES . . . . .                      |  | X X X X X                            |               |
| 5. X-RAY . . . . .                                           |  | X X X X X                            |               |
| 6. LABORATORY . . . . .                                      |  | X X X X X                            |               |
| 7. DRUGS                                                     |  |                                      |               |
| A. NO. OF PRESCRIPTIONS . . . . .                            |  |                                      |               |
| B. NO. OF INJECTIONS ADMINISTERED BY A PHYSICIAN . . . . .   |  |                                      |               |
| 8. DENTAL CARE - NUMBER OF STATEMENTS . . . . .              |  |                                      |               |
| 9. OTHER ALLOWABLE TYPES OF CARE . . . . .                   |  |                                      |               |
| A. PHYSICAL THERAPY . . . . .                                |  | X X X X X                            |               |
| B. MILEAGE . . . . .                                         |  | X X X X X                            |               |
| C. U. C. CLINIC - NO. OF VISITS . . . . .                    |  |                                      |               |
| D. REHABILITATIVE CENTERS - NO. OF STATEMENTS . . . . .      |  |                                      |               |
| E. NURSING SERVICE OTHER THAN VRA - NO. OF VISITS . . . . .  |  |                                      |               |
| F. OTHER (SPECIFY DETAIL IF OVER 1% OF TOTAL) . . . . .      |  | X X X X X                            |               |
| 10. DIAGNOSTIC APPRAISALS - NUMBER OF PERSONS . . . . .      |  |                                      |               |
| 11. "COMPLETE" DENTAL CARE - REQUESTS AUTHORIZED THIS MONTH: |  |                                      |               |
| NUMBER OF CHILDREN . . . . .                                 |  |                                      |               |
| AMOUNT AUTHORIZED . . . . .                                  |  | \$                                   |               |

DO NOT WRITE IN THIS SPACE

PREPARED BY \_\_\_\_\_

DATE \_\_\_\_\_

FORM CA 260 FG, REVISED OCTOBER 1959

CONTINUATION SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE  
(Pursuant to Government Code Section 11380.1)

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

S-490

MEDICAL CARE SERVICES AND PAYMENTS

AID TO NEEDY CHILDREN - BOARDING HOMES AND INSTITUTIONS  
MONTHLY STATISTICAL REPORT

(goldenrod)

SUBMIT IN DUPLICATE BY 12TH OF MONTH FOLLOWING  
MONTH OF REPORT.

COUNTY \_\_\_\_\_  
MONTH OF \_\_\_\_\_ 19 \_\_\_\_\_

| TYPES OF MEDICAL CARE                                        |           | NUMBER OF UNITS<br>OF SERVICE<br>(1) | AMOUNT<br>(2) |
|--------------------------------------------------------------|-----------|--------------------------------------|---------------|
| TOTAL                                                        |           |                                      | \$            |
| 1. PHYSICIAN'S VISITS . . . . .                              |           |                                      |               |
| 2. OTHER PRACTITIONER'S VISITS . . . . .                     |           |                                      |               |
| 3. VISITING NURSE - NO. OF VISITS . . . . .                  |           |                                      |               |
| 4. SPECIAL MEDICAL PROCEDURES . . . . .                      | X X X X X |                                      |               |
| 5. X-RAY . . . . .                                           | X X X X X |                                      |               |
| 6. LABORATORY . . . . .                                      | X X X X X |                                      |               |
| 7. DRUGS                                                     |           |                                      |               |
| A. NO. OF PRESCRIPTIONS . . . . .                            |           |                                      |               |
| B. NO. OF INJECTIONS ADMINISTERED BY A PHYSICIAN . . . . .   |           |                                      |               |
| DENTAL CARE - NUMBER OF STATEMENTS . . . . .                 |           |                                      |               |
| OTHER ALLOWABLE TYPES OF CARE . . . . .                      |           |                                      |               |
| A. PHYSICAL THERAPY . . . . .                                | X X X X X |                                      |               |
| B. MILEAGE . . . . .                                         | X X X X X |                                      |               |
| C. U. C. CLINIC - NO. OF VISITS . . . . .                    |           |                                      |               |
| D. REHABILITATIVE CENTERS - NO. OF STATEMENTS . . . . .      |           |                                      |               |
| E. NURSING SERVICE OTHER THAN VRA - NO. OF VISITS . . . . .  |           |                                      |               |
| F. OTHER (SPECIFY DETAIL IF OVER 1% OF TOTAL) . . . . .      | X X X X X |                                      |               |
| 10. DIAGNOSTIC APPRAISALS - NUMBER OF PERSONS . . . . .      |           |                                      |               |
| 11. "COMPLETE" DENTAL CARE - REQUESTS AUTHORIZED THIS MONTH: |           |                                      |               |
| NUMBER OF CHILDREN . . . . .                                 |           |                                      |               |
| AMOUNT AUTHORIZED . . . . .                                  |           | \$                                   |               |

PREPARED BY \_\_\_\_\_ DATE \_\_\_\_\_



CONTINUATION SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE  
(Pursuant to Government Code Section 11380.1)

S-490

State of California

Department of Social Welfare

Functional Improvement Services for Aid to Needy Disabled Recipients  
Monthly Statistical Report

County \_\_\_\_\_

Month of \_\_\_\_\_ 19 \_\_\_\_\_

| Item                                                                 | Number<br>of services | Amount<br>paid |
|----------------------------------------------------------------------|-----------------------|----------------|
| Total (Sum of Parts A/B/C)                                           |                       | \$             |
| PART A. Formal Appraisal for Functional Improvement Services - Total |                       |                |
| 1. Physician appraisals (Physician specialties)                      |                       |                |
| a. Internist. . . . .                                                |                       |                |
| b. Orthopedist. . . . .                                              |                       |                |
| c. Psychiatrist. . . . .                                             |                       |                |
| d. Neurologist. . . . .                                              |                       |                |
| e. Other. . . . .                                                    |                       |                |
| 2. Physical therapist appraisals. . . . .                            |                       |                |
| 3. Occupational therapist appraisals. . . . .                        |                       |                |
| 4. Ancillary appraisal services (X-ray, laboratory, etc.) . . . . .  |                       |                |
| 5. Other appraisal services (specify)                                |                       |                |
|                                                                      |                       |                |
| PART B. Functional Improvement Services - Total                      |                       |                |
| 6. Physician visits . . . . .                                        |                       |                |
| 7. Nursing Service - visits                                          |                       |                |
| a. Visiting nurse association . . . . .                              |                       |                |
| b. Other. . . . .                                                    |                       |                |
| 8. Physical therapist - visits. . . . .                              |                       |                |
| 9. Occupational therapists - visits . . . . .                        |                       |                |
| 10. Other practitioner visits. . . . .                               |                       |                |
| 11. Drugs                                                            |                       |                |
| a. Prescriptions. . . . .                                            |                       |                |
| b. Injections . . . . .                                              |                       |                |
| 12. Aids for self-care                                               |                       |                |
| a. Prosthetic appliances; other aids and devices. . . . .            |                       |                |
| b. Housing alterations and additions. . . . .                        |                       |                |
| c. Other (specify)                                                   |                       |                |
|                                                                      |                       |                |
| 13. Other allowable types of care (specify)                          |                       |                |
|                                                                      |                       |                |
| PART C. Evaluation of Functional Improvement Plan - Total            |                       |                |
| 14. Physician evaluation . . . . .                                   |                       |                |
| 15. Physical therapist . . . . .                                     |                       |                |
| 16. Occupational therapist . . . . .                                 |                       |                |
| 17. Ancillary services (X-ray, laboratory, etc.) . . . . .           |                       |                |
| 18. Evaluation by other vendors (specify)                            |                       |                |
| a. _____                                                             |                       |                |
| b. _____                                                             |                       |                |
| c. _____                                                             |                       |                |

Submit in duplicate by 12th of month following month of report  
Form DA 260, Oct. 1959

Prepared by \_\_\_\_\_  
Date \_\_\_\_\_

DO NOT WRITE IN THIS SPACE



CONTINUATION SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE  
(Pursuant to Government Code Section 11380.1)

S-490  
State of California  
Department of Social Welfare

Bureau of Statistical Reports  
722 Capitol Avenue, Sacramento

AID TO NEEDY DISABLED RECIPIENTS RECEIVING SERVICES FOR FUNCTIONAL IMPROVEMENT

Monthly Statistical Report

County \_\_\_\_\_

Month of \_\_\_\_\_ 19\_\_\_\_

| Item                                                                    | Number of Recipients |
|-------------------------------------------------------------------------|----------------------|
| PART A. IDENTIFICATION OF POTENTIAL FOR FUNCTIONAL IMPROVEMENT SERVICES |                      |
| 1. Under consideration, beginning of month. . . . .                     | _____                |
| 2. Referred for consideration during month. . . . .                     | _____                |
| a. New cases. . . . .                                                   | _____                |
| b. Reinvestigated cases . . . . .                                       | _____                |
| c. Other. . . . .                                                       | _____                |
| 3. Total for consideration during month (Sum of 1 and 2). . .           | _____                |
| 4. Disposed of during month . . . . .                                   | _____                |
| a. Treatment authorized; no appraisal needed. . . . .                   | _____                |
| b. Appraisal authorized . . . . .                                       | _____                |
| c. Appraisal not authorized . . . . .                                   | _____                |
| 5. Under consideration, end of month. . . . .                           | _____                |
| PART B. APPRAISAL FOR FUNCTIONAL IMPROVEMENT                            |                      |
| 6. Appraisal in process, beginning of month.. . . .                     | _____                |
| 7. Appraisal authorized during month . . . . .                          | _____                |
| 8. Total under appraisal during month (Sum of 6 and 7). . . .           | _____                |
| 9. Appraisal completed during month (Sum of a and b). . . . .           | _____                |
| a. Restoration plan authorized. . . . .                                 | _____                |
| b. Restoration plan not authorized. . . . .                             | _____                |
| 10. Appraisal in process, end of month (8 minus 9) . . . . .            | _____                |
| PART C. FUNCTIONAL IMPROVEMENT PLAN                                     |                      |
| 11. Plan in process, beginning of month. . . . .                        | _____                |
| 12. Plan for restoration authorized during month . . . . .              | _____                |
| a. Initial plan . . . . .                                               | _____                |
| b. Not initial plan . . . . .                                           | _____                |
| 13. Total with plan in effect during month (Sum of 11 and 12). .        | _____                |
| 14. Plan terminated during month (Sum of a and b). . . . .              | _____                |
| a. Plan completed . . . . .                                             | _____                |
| b. Plan otherwise terminated. . . . .                                   | _____                |
| 15. Plan in process, end of month (13 minus 14). . . . .                | _____                |

Submit in duplicate by 12th of month  
following month of report.

Prepared by \_\_\_\_\_

Date \_\_\_\_\_

Form DA 261, October 1959

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FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE  
(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING

AUG 31 1959

Division of Administrative Procedure

ENDORSED

APPROVED FOR FILING  
(GOV. CODE 11380.1)

AUG 31 1959

Division of Administrative Procedure

DO NOT WRITE IN THIS SPACE

Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

State Department of Social Welfare

(Agency)

Dated: August 31, 1959

By:

J. M. W. Dewey

Director

(Title)

FILED

In the office of the Secretary of State  
of the State of California

AUG 31 1959

At 3:30 o'clock P. M.

FRANK M. JORDAN, Secretary of State

Assistant Secretary of State

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FINDING OF EMERGENCY

The regulations, contained in Department Bulletin 582 (Stat) requiring reporting of statistical data, are emergency measures necessary for the immediate preservation of the public health, safety and general welfare within the meaning of the provisions of Section 11421(b) of the Government Code.

The following facts constitute the emergency with respect to these regulations:

1. Chapter 2151 of the Statutes of 1959 provides, effective January 1, 1960, that attendant care be provided for Aid to Needy Disabled recipients.
2. Regulatory material implementing this Chapter must be prepared for presentation to the SSWB on November 19, 1959.
3. In order to compile sufficient statistical data to formulate realistic and workable rules and regulations prior to November of 1959, the collection of these data must begin immediately.
4. Bulletin 582 requires the counties to furnish this essential information beginning September 1, 1959.
5. Attendant care for the Needy Disabled is a matter involving the preservation of public health and welfare.
6. A failure to obtain this information beginning with September 1959 would jeopardize intelligent planning and thus the adoption of the regulation is required for the immediate preservation of public health and welfare.

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CONTINUATION SHEET  
OR FILING ADMINISTRATIVE REGULATION  
WITH THE SECRETARY OF STATE  
(Pursuant to Government Code Section 11380.1)

IS

W&amp;IC 115, 116

J. M. WEDEMEYER  
Director

EDMUND G. BROWN  
Governor

State of California  
DEPARTMENT OF SOCIAL WELFARE

722 Capitol Avenue  
Sacramento 14

August 25, 1959

DEPARTMENT BULLETIN NO. 582 (STAT)

TO: COUNTY WELFARE DEPARTMENTS  
COUNTY BOARDS OF SUPERVISORS  
COUNTY AUDITORS

Subject: Special Study of Need for  
Attendant Care, Aid to Needy  
Disabled, September 1959

Effective January 1, 1960, assistance allowances for attendant care may be included in the Aid to Needy Disabled grant. This allowance plus the amount allowed for other needs may not exceed an average grant, statewide, of \$98 per month.

A special study of attendant care is necessary to determine the kinds of care needed by recipients, the kinds of care now being provided to recipients, the amounts and costs of care and the relative urgency of the need for care in individual situations.

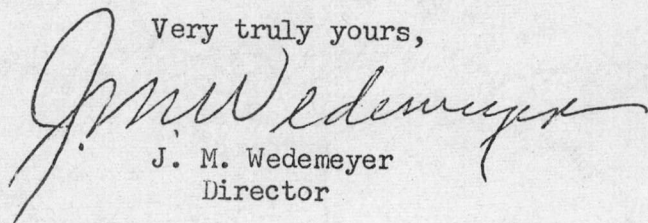
This information is necessary as a basis for regulation defining coverage of attendant care, types of situations in which such care may be allowed and amounts for care which may be allowed.

All cases receiving Aid to Needy Disabled in September 1959 whose state case numbers end in digit "3" shall be included in the sample. For those recipients in the sample living in County Hospitals, nursing, convalescent and boarding homes or other institutional and care situations, a one page schedule, Form Temp 399 shall be submitted. Form Temp 399 and Form Temp 400, giving detail on care needed shall be prepared on all recipients living in household situations, whether their own or households of others.

Completed Forms Temp 399 and Form Temp 400 shall be transmitted to reach the State Department of Social Welfare, 722 Capitol Avenue, Sacramento 14, by October 1, 1959.

A supply of forms will be forwarded to each county.

Very truly yours,

  
J. M. Wedemeyer  
Director

DO NOT WRITE IN THIS SPACE



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STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

AID TO NEEDY DISABLED

SPECIAL STUDY OF NEED FOR ATTENDANT CARE

Month of September 1959

Purpose of Study

To obtain information which will enable the Department to formulate policy with respect to attendant care by taking into account the circumstances of recipients in which allowances for attendant care should be considered and the kinds, amounts and costs of such care.

Method

Two schedules are provided:

Form Temp 399 which shall be completed on every recipient receiving Aid to Needy Disabled in September 1959 whose state case number ends in the digit "3", and

Form Temp 400 which shall be completed also on those recipients who live in family households, whether their own or the household of a relative or non-relative. Boarding homes where the operator provides personal care and the recipient pays for board and care are not included in "family households".

Submission of Schedules

Send completed Form Temp 400 to Research and Statistics, State Department of Social Welfare, 722 Capitol Avenue, Sacramento 14, by October 1, 1959.

To the ATD Caseworker:

This is a very important study.

The information you give us will help the department develop policies and procedures to put into effect an allowance for attendant care in addition to the maximum basic grant in ATD.

This program will help you more effectively to meet the needs of your clients for attendant and housekeeper services.

Please complete each schedule as thoughtfully as possible. You may want to make a home visit in some cases. Your cooperation is appreciated.

General Instructions for Completing Form Temp 400

This form should be read completely before any questions are answered. Depending upon the particular needs and circumstances of a recipient, only certain questions will apply to his situation.

This form is designed to obtain information on:

- (1) the kinds of help or care needed by recipients (this will also indicate the kind of service which attendants will be called upon to provide)
- (2) the amount of care now provided to recipients by relatives or others, including paid attendants
- (3) the amount now paid for this care and possible costs of needed care not now provided
- (4) the living arrangements of recipients who live in their own establishments, alone or with others
- (5) the considered opinion of the county caseworker (and supervisor) as to the urgency of need for attendant care.

Since a form of this kind does not give a descriptive picture of the recipient's situation or may not reflect some aspect of his situation pertinent to the need for attendant care, caseworkers are urged to add brief comments when pertinent.

Specific Instructions

The form is so designed that when a particular answer is given, questions follow that relate to this answer. Because of the need to obtain detail on care, some of the questions about payment for care (Items 11, 19, 27, 35, 43) may be overlapping when one person provides several types of care and is paid one wage for all services. When this situation arises, enter the wage in the item appearing first on the form and indicate, per instructions, in the other items that, for this wage, these other types of care are also provided.



CONTINUATION SHEET  
OR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE  
(Pursuant to Government Code Section 11380.1)

State of California

Department of Social Welfare

AID TO NEEDY DISABLED  
SPECIAL STUDY OF NEED FOR ATTENDANT CARE  
Month of September 1959

COMPLETE THIS FORM ON ALL CASES RECEIVING AID TO THE NEEDY DISABLED IN SEPTEMBER 1959 WHOSE STATE CASE NUMBERS END IN THE DIGIT "3".

COUNTY \_\_\_\_\_

NAME OF RECIPIENT \_\_\_\_\_

STATE  
CASE NUMBER \_\_\_\_\_

LIVING ARRANGEMENTS OF RECIPIENT

(See instructions for Form DA 251, Aid to Needy Disabled Social Data Record, Item 9, Living Arrangements.)

Own Establishment:

- Alone . . . . . ☐ 1  
With one or more related or  
unrelated persons . . . . . ☐ 2  
Home of relative . . . . . ☐ 3  
Nonrelative's home (exclude boarding  
home) . . . . . ☐ 4  
Hotel, rooming or boarding house . . ☐ 5

When Codes 1-5 are checked,  
Form Temp 400 shall also be  
completed. Attach this form  
to Form Temp 400 for this  
recipient and send as directed  
to the State Department of  
Social Welfare.

- County Hospital . . . . . ☐ 6  
Boarding home (provides personal  
care) . . . . . ☐ 7  
Private nonmedical institution . . ☐ 8  
Private nursing or convalescent home ☐ 9  
Other living arrangement (specify) ☐ 10

When Codes 6-10 are checked,  
DO NOT complete Form Temp 400.  
Send this form to Research  
and Statistics, Department of  
Social Welfare, 722 Capitol  
Avenue, Sacramento 14, by  
October 1, 1959.

Completed by \_\_\_\_\_

Date \_\_\_\_\_

Send to:  
Research and Statistics  
State Department of Social Welfare  
722 Capitol Avenue  
Sacramento 14, California

DO NOT WRITE IN THIS SPACE



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STATE OF CALIFORNIA  
Send to: Research and Statistics  
State Department of Social Welfare  
722 Capitol Avenue, Sacramento 14

AID TO NEEDY DISABLED  
STUDY OF NEED FOR ATTENDANT CARE  
SEPTEMBER 1959

DEPARTMENT OF SOCIAL WELFARE

1. RECIPIENT'S NAME \_\_\_\_\_ 2. HOW AMBULATORY IS RECIPIENT? \_\_\_\_\_ 3. COUNTY \_\_\_\_\_  
4. AGE \_\_\_\_\_ 5. SEX \_\_\_\_\_ BEDFAST (6 hours a day or more) ☐ AMBULATORY BUT NEEDS AID ☐  
MALE ☐ FEMALE ☐ CHAIRFAST (6 hours a day or more) ☐ AMBULATORY WITHOUT AID ☐ 6. STATE CASE NUMBER \_\_\_\_\_

HOUSEKEEPING NEEDS

7. DOES RECIPIENT NEED THE HELP OF ANOTHER PERSON WITH ANY OF THE FOLLOWING HOUSE-KEEPING ACTIVITIES? (Check each applicable item) NO YES  
Preparation of meals ☐ ☐ 1 → ☐ ☐ 1  
Shopping ☐ ☐ 2 → ☐ ☐ 2  
Washing and ironing clothes ☐ ☐ 3 → ☐ ☐ 3  
Cleaning house ☐ ☐ 4 → ☐ ☐ 4  
Other (write in) \_\_\_\_\_ ☐ 5 → ☐ ☐ 5  
\_\_\_\_\_ ☐ 6 → ☐ ☐ 6  
\_\_\_\_\_ ☐ 7 → ☐ ☐ 7  
8. IF YES, IS RECIPIENT RECEIVING THIS HELP NOW? NO YES  
9. IF YES, WHO IS GIVING THIS CARE? (Write in: for example, spouse, parent, other relative, neighbor, paid housekeeper. If a member of recipient's household, designate relationship as in Item 48).  
10. IS THIS PERSON PAID FOR THIS WORK? NO YES  
11. IF YES, HOW MUCH PER WEEK, ON AN AVERAGE? \$ \_\_\_\_\_  
12. IF NO, HOW MANY HOURS A WEEK IS NEEDED? \_\_\_\_\_  
13. IS HELP NEEDED DAILY? NO ☐ YES ☐  
14. IF NO, HOW MANY TIMES A WEEK? \_\_\_\_\_  
Note: If this person(s) performs two or more services, e.g., housekeeping and personal care, in return for a wage, enter amount paid, Item 11, star "\*", tell combination of services in this space. In Item 19, refer to Item 11. Follow these instructions for Items 19, 27, 35, 43.

PERSONAL CARE NEEDS

15. DOES RECIPIENT NEED THE HELP OF ANOTHER PERSON WITH ANY OF THE FOLLOWING PERSONAL CARE? (Check each applicable item) NO YES  
Dressing ☐ ☐ 1 → ☐ ☐ 1  
Combing hair ☐ ☐ 2 → ☐ ☐ 2  
Shaving ☐ ☐ 3 → ☐ ☐ 3  
Bathing ☐ ☐ 4 → ☐ ☐ 4  
Eating ☐ ☐ 5 → ☐ ☐ 5  
Toileting ☐ ☐ 6 → ☐ ☐ 6  
Other (write in) \_\_\_\_\_ ☐ 7 → ☐ ☐ 7  
\_\_\_\_\_ ☐ 8 → ☐ ☐ 8  
16. IF YES, IS RECIPIENT RECEIVING THIS HELP NOW? NO YES  
17. IF YES, WHO IS GIVING THIS CARE? (Write in: for example, spouse, parent, other relative, neighbor, paid housekeeper. If a member of recipient's household, designate relationship as in Item 48).  
18. IS THIS PERSON PAID FOR THIS WORK? NO YES  
19. IF YES, HOW MUCH PER WEEK, ON AN AVERAGE? \$ \_\_\_\_\_  
20. IF NO, HOW MANY HOURS A WEEK IS NEEDED? \_\_\_\_\_  
21. IS HELP NEEDED DAILY? NO ☐ YES ☐  
22. IF NO, HOW MANY TIMES A WEEK? \_\_\_\_\_

CONTINUATION SHEET  
OR FILING ADMINISTRATIVE REGULA  
WITH THE SECRETARY OF STATE  
Pursuant to Government Code Section 11380.1



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STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

AID TO NEEDY DISABLED  
STUDY OF NEED FOR ATTENDANT CARE

AMBULATING

23. DOES RECIPIENT NEED THE HELP OF ANOTHER PERSON WITH ANY OF THE FOLLOWING?

(Check each applicable item) NO YES

Get in and out of chair ☐ ☐ 1 →  
Get in and out of bed ☐ ☐ 2 →  
Walk around room (house) ☐ ☐ 3 →  
Walk into yard (out-of-doors) ☐ ☐ 4 →  
Trips from home ☐ ☐ 5 →  
Other (write in) \_\_\_\_\_ ☐ 6 →  
\_\_\_\_\_ ☐ 7 →

24. IF YES, IS RECIPIENT RECEIVING THIS HELP NOW?

NO YES

☐ ☐ 1  
☐ ☐ 2  
☐ ☐ 3  
☐ ☐ 4  
☐ ☐ 5

25. IF YES, WHO IS GIVING THIS CARE?

(Write in: for example, spouse, parent, other relative, neighbor, paid attendant. If a member of recipient's household, designate relationship as in Item 48).

26. IS THIS PERSON PAID FOR THIS WORK?

NO YES

→ ☐ ☐ 1 → \$ \_\_\_\_\_  
→ ☐ ☐ 2 → \$ \_\_\_\_\_  
→ ☐ ☐ 3 → \$ \_\_\_\_\_  
→ ☐ ☐ 4 → \$ \_\_\_\_\_

27. IF YES, HOW MUCH PER WEEK, ON AN AVERAGE?

28. IF NO, HOW MANY HOURS A WEEK IS NEEDED?

29. IS HELP NEEDED DAILY? NO ☐ YES ☐

30. IF NO, HOW MANY TIMES A WEEK? \_\_\_\_\_

HEALTH SERVICES

31. DOES RECIPIENT NEED THE HELP OF ANOTHER PERSON WITH ANY OF THE FOLLOWING?

(Check each applicable item) NO YES

Administer medication ☐ ☐ 1 →  
Administer injections ☐ ☐ 2 →  
Change dressings ☐ ☐ 3 →  
Change catheters ☐ ☐ 4 →  
Other (write in) \_\_\_\_\_ ☐ 5 →  
\_\_\_\_\_ ☐ 6 →

32. IF YES, IS RECIPIENT RECEIVING THIS HELP NOW?

NO YES

☐ ☐ 1  
☐ ☐ 2  
☐ ☐ 3  
☐ ☐ 4  
☐ ☐ 5  
☐ ☐ 6

33. IF YES, WHO IS GIVING THIS CARE?

(Write in: for example, spouse, parent, other relative, neighbor, paid attendant. If a member of recipient's household, designate relationship as in Item 48).

34. IS THIS PERSON PAID FOR THIS WORK?

NO YES

→ ☐ ☐ 1 → \$ \_\_\_\_\_  
→ ☐ ☐ 2 → \$ \_\_\_\_\_  
→ ☐ ☐ 3 → \$ \_\_\_\_\_  
→ ☐ ☐ 4 → \$ \_\_\_\_\_

35. IF YES, HOW MUCH PER WEEK, ON AN AVERAGE?

36. IF NO, HOW MANY HOURS A WEEK IS NEEDED?

37. IS HELP NEEDED DAILY? NO ☐ YES ☐

38. IF NO, HOW MANY TIMES A WEEK? \_\_\_\_\_

CONTINUATION SHEET  
OR FILING ADMINISTRATIVE REGULA  
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NS  
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DEPARTMENT OF SOCIAL WELFARE

## STUDY OF NEED FOR ATTENDANT CARE

43. IF YES, HOW MUCH  
PER WEEK, ON AN  
AVERAGE?

NO YES

100

□ □ 2

□ □ 7

□ □ 4

(Write in: for example, spouse, parent, other relative, neighbor, paid attendant. If a member of recipient's household, designate relationship as in Item 48).

NO YES

→ ☐ ☐ 4 → 8

44. IF No, HOW MANY HOURS A WEEK IS NEEDED?

45. IS HELP NEEDED DAILY? NO ☐ YES ☐

46. IF **NO**, HOW MANY TIMES A WEEK?

## LIVING ARRANGEMENTS OF RECIPIENT

47. DOES RECIPIENT LIVE - WITH OTHERS IN THE HOUSEHOLD ☐ ALONE ☐

48. IF THERE ARE OTHERS IN THE HOUSEHOLD, GIVE THE FOLLOWING FOR EACH PERSON:

| NAME<br>(1) | SEX |   | APPROX.<br>AGE<br>(3) | RELATIONSHIP<br>TO RECIPIENT<br>(4) | PROVIDES CARE<br>TO RECIPIENT?<br>NO YES<br>(5) |  |
|-------------|-----|---|-----------------------|-------------------------------------|-------------------------------------------------|--|
|             | M   | F |                       |                                     |                                                 |  |
| 1.          |     |   |                       |                                     |                                                 |  |
| 2.          |     |   |                       |                                     |                                                 |  |
| 3.          |     |   |                       |                                     |                                                 |  |
| 4.          |     |   |                       |                                     |                                                 |  |
| 5.          |     |   |                       |                                     |                                                 |  |
| 6.          |     |   |                       |                                     |                                                 |  |
| 7.          |     |   |                       |                                     |                                                 |  |
| 8.          |     |   |                       |                                     |                                                 |  |

For each person in the household who is providing some care regularly to this recipient, additional questions follow. Identical questions appear in four boxes. One box appears on this page and three on the next page. Each box has a letter at the top, e.g., Box A, Box B. To make it possible to relate the information in a box to the correct person in Item 48, enter the letter appearing at the top of the box, in the space at the left, opposite the line on which this person's name appears.

IF "YES", COLUMN 5, FILL  
IN BOX FOR EACH  
PERSON

BOX A. For household member who gives care to recipient,  
and is listed on line        in Item 48.

1. DOES THIS PERSON HAVE A SERIOUS HEALTH PROBLEM?

NO ☐ YES ☒ DESCRIBE

2. DOES CARE OF RECIPIENT WORK SERIOUS HARDSHIP ON THIS PERSON? (E.G., PHYSICAL STRAIN, ECONOMIC LOSS, REVULSION)

NO ☐ YES ☒ → DESCRIBE

3. DOES THIS PERSON NEED TO BE RELIEVED? YES ☐ NO ☐

4. HOW MANY HOURS RELIEF PER WEEK?

5. RELIEF NEEDED DAILY? NO ☐ YES ☐

6. TIMES PER WEEK?

7. DOES THIS PERSON RECEIVE PUBLIC ASSISTANCE?

NO ☐ YES ☐ → WHAT KIND? \_\_\_\_\_  
(OAS, ANC, Gen. Rel.)



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STATE OF CALIFORNIA

AID TO NEEDY DISABLED

DEPARTMENT OF SOCIAL WELFARE

STUDY OF NEED FOR ATTENDANT CARE

**BOX B.** For household member who gives care to recipient, and is listed on line \_\_\_ in Item 48.

1. DOES THIS PERSON HAVE A SERIOUS HEALTH PROBLEM?  
NO ☐ YES ☐ → DESCRIBE \_\_\_\_\_

2. DOES CARE OF RECIPIENT WORK SERIOUS HARDSHIP ON THIS PERSON? (E.G., PHYSICAL STRAIN, ECONOMIC LOSS, REVULSION)  
NO ☐ YES ☐ → DESCRIBE \_\_\_\_\_

3. DOES THIS PERSON NEED TO BE RELIEVED? YES ☐ NO ☐

4. HOW MANY HOURS RELIEF PER WEEK? \_\_\_\_\_

5. RELIEF NEEDED DAILY? NO ☐ YES ☐

6. TIMES PER WEEK? \_\_\_\_\_

7. DOES THIS PERSON RECEIVE PUBLIC ASSISTANCE?  
NO ☐ YES ☐ → WHAT KIND? \_\_\_\_\_  
(OAS, ANC, Gen. Rel.)

**BOX C.** For household member who gives care to recipient, and is listed on line \_\_\_ in Item 48.

1. DOES THIS PERSON HAVE A SERIOUS HEALTH PROBLEM?  
NO ☐ YES ☐ → DESCRIBE \_\_\_\_\_

2. DOES CARE OF RECIPIENT WORK SERIOUS HARDSHIP ON THIS PERSON? (E.G., PHYSICAL STRAIN, ECONOMIC LOSS, REVULSION)  
NO ☐ YES ☐ → DESCRIBE \_\_\_\_\_

3. DOES THIS PERSON NEED TO BE RELIEVED? YES ☐ NO ☐

4. HOW MANY HOURS RELIEF PER WEEK? \_\_\_\_\_

5. RELIEF NEEDED DAILY? NO ☐ YES ☐

6. TIMES PER WEEK? \_\_\_\_\_

7. DOES THIS PERSON RECEIVE PUBLIC ASSISTANCE?  
NO ☐ YES ☐ → WHAT KIND? \_\_\_\_\_  
(OAS, ANC, Gen. Rel.)

**BOX D.** For household member who gives care to recipient, and is listed on line \_\_\_ in Item 48.

1. DOES THIS PERSON HAVE A SERIOUS HEALTH PROBLEM?  
NO ☐ YES ☐ → DESCRIBE \_\_\_\_\_

2. DOES CARE OF RECIPIENT WORK SERIOUS HARDSHIP ON THIS PERSON? (E.G., PHYSICAL STRAIN, ECONOMIC LOSS, REVULSION)  
NO ☐ YES ☐ → DESCRIBE \_\_\_\_\_

3. DOES THIS PERSON NEED TO BE RELIEVED? YES ☐ NO ☐

4. HOW MANY HOURS RELIEF PER WEEK? \_\_\_\_\_

5. RELIEF NEEDED DAILY? NO ☐ YES ☐

6. TIMES PER WEEK? \_\_\_\_\_

7. DOES THIS PERSON RECEIVE PUBLIC ASSISTANCE?  
NO ☐ YES ☐ → WHAT KIND? \_\_\_\_\_  
(OAS, ANC, Gen. Rel.)

SUMMARY OF CARE NEEDED

| IF RECIPIENT NEEDS SOME HELP WITH: | (Check)         | IS NOT NOW RECEIVING | (Check)        |
|------------------------------------|-----------------|----------------------|----------------|
| Housekeeping (See Item 7)          | _____           | (See Item 8)         | _____          |
| Personal Care (See Item 15)        | _____           | (See Item 16)        | _____          |
| Ambulating (See Item 23)           | _____ AND _____ | (See Item 24)        | _____ OR _____ |
| Health Service (See Item 31)       | _____           | (See Item 32)        | _____          |
| Supervision (See Item 39)          | _____           | (See Item 40)        | _____          |

49. NEEDS ADDITIONAL CARE (Check) \_\_\_\_\_

50. PERSON GIVING CARE NEEDS RELIEF (Check) \_\_\_\_\_

OR

\_\_\_\_\_

51. DOES RECIPIENT NEED ADDITIONAL CARE OR IS RELIEF CARE NEEDED?  
YES ☐ NO ☐

52. HOW MANY TOTAL ADDITIONAL HOURS FOR ALL THE VARIOUS KINDS OF CARE ARE ESTIMATED TO BE NEEDED PER WEEK? \_\_\_\_\_

53. IS THIS CARE NEEDED DAILY? NO ☐ YES ☐

54. TIMES PER WEEK? \_\_\_\_\_

55. WHAT IS THE COMMUNITY RATE FOR SUCH CARE?  
(Based on best available information)  
PER HOUR \$ \_\_\_\_\_ PER DAY \$ \_\_\_\_\_  
PER WEEK \$ \_\_\_\_\_ PER MONTH \$ \_\_\_\_\_

SEE ITEMS ON NEXT PAGE ON URGENCY OF THIS CARE



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STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

AID TO NEEDY DISABLED  
STUDY OF NEED FOR ATTENDANT CARE

EVALUATION OF URGENCY OF CARE

(To be completed by caseworker preparing this form and also by the supervisor, if possible.)

56. IN YOUR OPINION, CARE FOR THIS RECIPIENT IS

URGENTLY NEEDED  
(Minimum comfort, cleanliness, safety and health endangered by lack of care)

GREATLY NEEDED  
(Family relationships, health and welfare of caretaker and others in family and others adversely affected by lack of care)

DESIRABLE  
(Comfort of recipient would be enhanced, family relieved, caretaker would be relieved to take job if care available)

NOT NEEDED

JUDGMENT OF  
CASEWORKER  
(Check one)

JUDGMENT OF  
SUPERVISOR  
(Check one)

58. WAS A HOME VISIT MADE IN ORDER TO COMPLETE THIS FORM? YES ☐ NO ☐

Comments of Caseworker (and Supervisor) regarding need for attendant care in this case.

57. WHAT IS THE SITUATION THAT MAKES ATTENDANT CARE FOR THIS RECIPIENT URGENT, GREATLY NEEDED, OR DESIRABLE? (Check all applicable items)(For caseworker)

- Health and/or safety of recipient is endangered by lack of care. . . ☐ 1
- Recipient does not have minimum of cleanliness and comfort . . . . ☐ 2
- Health of person giving care is being jeopardized. . . . . ☐ 3
- Family relationships are being strained . . . . . ☐ 4
- Children in Family are being neglected . . . . . ☐ 5
- Recipient's care is an excessive burden to the Family. . . . . ☐ 6
- Health and comfort of recipient would be improved. . . . . ☐ 7
- Present caretaker would be relieved to take job. . . . . ☐ 8

Other (write in) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FORM COMPLETED BY \_\_\_\_\_  
DATE \_\_\_\_\_

CONTINUATION SHEET  
- OR FILING ADMINISTRATIVE REGULATION - IS  
WITH THE SECRETARY OF STATE  
(Pursuant to Government Code Section 11380.1)



CONTINUATION SHEET  
OR FILING ADMINISTRATIVE REGULATION WITH THE SECRETARY OF STATE IS  
(Pursuant to Government Code Section 11380.1)

## FINDING OF EMERGENCY

The addition of Regulation Section D-137 to the Aid to Needy Disabled manual constitutes an emergency rule, the adoption of which is necessary for the immediate preservation of the general welfare within the meaning of Section 11421(b) of the Government Code. The facts constituting such emergency are as follows:

1. This enactment is to conform to Chapter 1615, Statutes of 1959, and enables Aid to Needy Disabled recipients to retain the proceeds from conversion of real property for a period of one year without becoming ineligible due to excess personal property if such proceeds are held for the purpose of providing a home.
2. The effective date of Chapter 1615, Statutes of 1959, to which the change in regulations, Section D-137 applies, is September 19, 1959, which is less than 30 days from the date of this action of the State Social Welfare Board.

It is, therefore, necessary that this change in regulations be adopted as an emergency measure to take effect September 19, 1959.



CONTINUATION SHEET  
OR FILING ADMINISTRATIVE REGULATION  
WITH THE SECRETARY OF STATE  
(Pursuant to Government Code Section 11380.1)

## Regulations

D-137      ACQUISITION AND CONVERSION OF REAL OR PERSONAL PROPERTY      D-137

When a person converts real property to personal property and plans to use the proceeds to purchase a home for his own occupancy, the proceeds from such sale are evaluated as real property having the same assessed value as the property sold between the time of receipt of the proceeds and the purchase of a home or the expiration of one year, whichever is earlier.

If a home is purchased and payment for it is completed within a one-year period and the cost of the home is less than the proceeds received from the sale of real property, the balance is evaluated as personal property as of the first of the month following completion of payment for the home. However, if immediate repairs must be made on the purchased property in order to provide a suitable home, allowance for the cost of such repairs is made when determining whether the cost of the home is less than the proceeds received from the sale.

If a home is purchased within a one-year period but payment for it is not completed, any trust deed, promissory note, or mortgage received as proceeds from the prior sale of real property pursuant to W&IC Sec. 4167, shall continue to be evaluated as real property for as long as it is retained, provided that all payments received thereon, including principal and interest, are applied on the balance due on the home. "Balance due" is limited to principal and interest payments on the home.

The foregoing applies to proceeds received by an applicant or recipient from property sold or otherwise converted prior to application as well as to proceeds received from property converted while an applicant or recipient.

Real or personal property may be acquired or converted to other forms by a recipient without affecting eligibility if the resultant holdings do not exceed the maximum allowed by the code. (See Sec. D-138.20 for property transfers which do not result in ineligibility.)

These Regulations are designated to become effective SEP 19 59

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CONTINUATION SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS  
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(Pursuant to Government Code Section 11380.1)

|             |                       |          |
|-------------|-----------------------|----------|
| Regulations | SCOPE AND LIMITATIONS | MC-031.1 |
|-------------|-----------------------|----------|

|          |                                                                   |          |
|----------|-------------------------------------------------------------------|----------|
| MC-031.1 | SERVICES AVAILABLE TO ALL RECIPIENTS WITHOUT PRIOR AUTHORIZATIONS | MC-031.1 |
|----------|-------------------------------------------------------------------|----------|

- A. Home and/or office visits from or to practitioners (other than dentists or chiropodists) to a limit of three such visits for any one illness, or within 90 days from the first visit, whichever is less.
- B. Dental services, including extractions, required for the relief of pain, or the elimination of acute infection.
- C. Drugs and Medical Supplies:
  - 1. For Aid to Needy Children recipients, drugs as prescribed by Doctors of Medicine, Osteopathy, Dentistry and Chiropody except alcoholic beverages, food supplements and nutritional and vitamin items. Medical supplies if prescribed by a practitioner, and listed in the schedules of maximum allowances.
  - 2. For Old Age Security and Aid to the Blind recipients any drug or injection administered or prescribed by Doctors of Medicine, Osteopathy, Dentistry or Chiropody and contained in Manual Sections MC-031.2 and MC-031.3.

Prescriptions should be confined to quantities necessary for the estimated duration of the illness. Where medication is constantly prescribed for the chronically ill, the quantity prescribed should be the most economical amount from the point of view of cost. Expensive proprietary items should not be prescribed when significantly less expensive items would be equally effective.

Prescriptions shall be written on forms prescribed by the SDSW and shall be filled within seven days from the date of issue. No prescription shall be refillable.

Practitioners who do not comply with the rules and procedures contained in this manual shall not use prescription blanks furnished by the SDSW.

(Continued)



CONTINUATION SHEET  
 FOR FILING ADMINISTRATIVE REGULATIONS  
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| MC-031.1             | SCOPE AND LIMITATIONS                                                                                                                                                                   | Regulations |
|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| MC-031.1 (Continued) |                                                                                                                                                                                         | MC-031.1    |
|                      | D. Laboratory services for urinalysis and blood counts.                                                                                                                                 |             |
|                      | E. Laboratory and X-ray services as prescribed by the practitioner in an emergency.                                                                                                     |             |
|                      | F. Emergency surgery not requiring hospitalization under accepted medical standards.                                                                                                    |             |
|                      | G. Services of visiting nurse associations to a maximum of five visits for any one illness.                                                                                             |             |
|                      | H. Chiropody services of an emergency nature for relief of pain or elimination of acute infection. Such emergency care to be justified by written report from the treating chiropodist. |             |
|                      | I. Physical examinations of children receiving Aid to Needy Children who are being placed away from their own parents in foster homes or institutions.                                  |             |

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**FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE**

(Pursuant to Government Code Section 11380.1)

W&amp;IC 115, 116

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Division of Administrative Procedure

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OCT 1 - 1959

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Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

State Department of Social Welfare

(Agency)

Dated: September 30, 1959

By:

Director

(Title)

FILED

In the office of the Secretary of State  
of the State of California

OCT 1 1959

At 11:20 o'clock A.M.

FRANK M. JORDAN, Secretary of State

By:

Assistant Secretary of State

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September 29, 1959

DEPARTMENT BULLETIN NO. 583 (STAT)

TO: COUNTY WELFARE DEPARTMENTS  
COUNTY BOARDS OF SUPERVISORS  
COUNTY AUDITORS

Subject: Survey of Distribution of  
Payments, October 1959

In order to complete a report required by the Department of Health, Education, and Welfare, the department needs selected information on payments to recipients of Old Age Security, Aid to Needy Blind, Aid to Disabled, and Aid to Needy Children during October 1959.

All counties shall transmit the required data in accord with one of the following alternatives:

1. A copy of all October payrolls and contra rolls (main payroll, supplemental payroll for current and prior months, cancellations for the current month, cancellations for prior months, and repayments).
2. IBM punched cards on sample cases from all payrolls and contra rolls prepared in accord with Instructions for Reporting in the Distribution of Payments Survey.
3. A report on sample cases from all payrolls and contra rolls on Forms Temp 398 ABD, and Temp 397 CA prepared in accordance with Instructions for Reporting in the Distribution of Payments Survey.

All counties shall transmit data from the October main payroll as soon as possible after the main payroll has been written. The additional data from supplemental payrolls and contra rolls shall be sent in one shipment in time to reach Sacramento by November 16, 1959.

Requested data shall be sent to the Bureau of Statistical Reports, 722 Capitol Avenue, Sacramento 14, California. Those counties sending IBM punched cards should indicate in their transmittal letters whether they wish to have the cards returned.

The APSB and ANC-BHI programs are excluded from this survey.

This bulletin shall cease to be effective on December 31, 1959.

Very truly yours,

J. M. Wedemeyer  
Director

These Regulations are designated to become effective NOV 1 '59



CONTINUATION SHEET  
OF FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE  
(Pursuant to Government Code Section 11380.1)

State of California

Department of Social Welfare

INSTRUCTIONS FOR REPORTING IN THE DISTRIBUTION  
OF PAYMENTS SURVEY, OCTOBER 1959

## I. General Instructions

A. Timing of Reports

Report data from the main payroll as soon as possible after the warrants are written for the month of October 1959.

Report data from all supplemental payrolls and contra rolls as soon as all transactions for the month of October have been written. These additional data shall be sent to reach Sacramento by November 16, 1959.

B. Where to Send Reports

Forward all reports to the Bureau of Statistical Reports, 722 Capitol Avenue, Sacramento 14.

C. Method of Reporting

Counties may select the one of the three reporting methods listed below which fits most readily into their regular procedures:

1. Forward a fully legible copy of each payroll and contra roll (main payroll, supplementals for current and prior months, cancellations of warrants for current and prior months, and repayments) for each program.
2. Forward reproductions of the punched IBM cards used in preparation of payrolls and contra rolls. Cards shall be sent on sample cases only and must contain at least the same information as is required for Forms Temp 397 CA and Temp 398 ABD.
3. Forward reports for sample cases on Form Temp 398 ABD and Form Temp 397 CA.

Counties shall inform the Bureau of Statistical Reports by October 1 which method they elect to use. Instructions for each method of reporting appear below. If Method 2 (IBM cards) is selected, a copy of the IBM card layout, with notes as needed to explain any special terminology, shall also be forwarded at this time.

D. Instructions for Sampling - (For counties electing to report under alternatives 2 or 3)

The desired samples and the case number endings to be used in their selection are as follows:

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 (Pursuant to Government Code Section 11380.1)

| <u>Program</u>           | <u>Sample<br/>Size</u> | <u>Case Number<br/>Endings</u> |
|--------------------------|------------------------|--------------------------------|
| Old Age Security         | 1.5%                   | 22, 044, 244, 444, 644, 844    |
| Aid to Needy Blind       | 25.0                   | 3, 5, 07, 27, 47, 67, 87       |
| Aid to Disabled          | 50.0                   | 1, 3, 5, 7, 9                  |
| Aid to Needy Children-FG | 8.0                    | 00, 11, 22, 33, 44, 55, 66, 77 |

In the ANC-FG program the unit of count for this study is the Family Budget Unit. If there is more than one family budget unit in a case (i.e., having the same case number) report each such family budget unit separately, as though it were a case.

## II. Specific Instructions for Reporting

### A. If the County Elects to Send a Copy of the Payroll

Immediately after the main payroll warrants for October are written, the county which elects this method of reporting, shall forward a fully legible copy of its main payroll to Sacramento. As supplemental payrolls and contra rolls are written, copies shall be held and forwarded to this office in a single shipment.

### B. If the County Elects to Report on Forms Temp 398 ABD and Temp 397 CA.

#### 1. Instructions for Completing Form Temp 398 ABD.

Immediately after each part of the OAS, ANB, or ATD payrolls or contra rolls is written for the month of October, the county shall make entries on Form Temp 398 ABD for cases with sample state number endings as follows:

Item A. Program Reported - Indicate by check mark which program is being reported on this form. Do not report more than one program on one sheet.

Item B. Part of Roll Reported - Indicate by check mark which part of the payroll is being reported on. Do not report different parts of the payroll or contra roll on the same sheet. In other words, this item must have only one check mark.

Item C. Case Detail From Payroll - Enter the detail from the payroll for the individual sample cases.

Column 1. State Number: Enter the state number of the selected sample case.

Column 2. Surname: Enter the recipient's surname.

Column 3. Initial: Enter the recipient's initial.

Column 4. Amount: Enter the amount of the transaction as shown on the payroll or contra roll being reported.

Column 5. Applicable Month and Year: Make entries only if Item B has been checked 3, 5, or 6. This column is intended to identify the month and year to which a prior month supplemental, a prior month cancellation, or a repayment applies.

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CONTINUATION SHEET  
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(Pursuant to Government Code Section 11380.1)

2. Instructions for Completing Form Temp 397 CA.

Immediately after each part of the ANC-FG (exclude ANC-BHI) payroll or contra roll is written for the month of October, the county shall identify the cases with sample state-number endings on the main payroll and make entries as follows:

Item A. Part of Roll Reported - Indicate by check mark which part of the payroll is being reported on. Do not report different parts of the payroll on the same sheet. In other words, this item must have only one check mark.

Item B. Case Detail from Payroll - Enter the detail from the payroll for the individual sample cases.

Column 1. State Number: Enter the state number of the selected sample case.

Column 2. Case Name: Enter the surname by which the case is known to the agency.

Columns 3 - 7 Persons

Note: The numbers to be reported in columns 3, 4 and 6 are those which appear in the particular part of the payroll being reported on. When no count appears on the payroll enter a "0".

Column 3. Number of Eligible Children: Enter the number of children in the family budget unit who are eligible for federal participation in the grant.

Column 4. Number of Ineligible Children: Enter the number of children in the family budget unit who are not eligible for federal participation in the grant, but are eligible for state assistance.

Column 5. Total Children: Enter the sum of Columns 3 and 4.

Column 6. Adults: If an eligible relative is included in the family budget unit (i.e., whose needs are considered when the amount of the grant is being determined) enter a "1." Otherwise a "0."

Column 7. Total Persons: Enter the sum of the entries in Columns 5 and 6.

Columns 8 - 9. Fiscal Data

Column 8. Amount: Enter the amount of the money reported in the payroll for this transaction; e.g., if Item A is checked "1," the entry in Column 8 will be the initial grant to the family for the month; if Item A is checked "2," the entry in Column 8 will be a supplemental grant for the current month; if Item A is checked "5", the entry in Column 8 will represent the amount of the cancelled warrant.

Column 9. Applicable Month and Year: Entries in this column are required only if Item A is checked 3, 5, or 6. Enter the month and the year to which the action applies; e.g., if the transaction is a prior month supplemental, enter the month and year for which supplementation is being paid.

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WITH THE SECRETARY OF STATE  
(Pursuant to Government Code Section 11380.1)

C. If the County Elects to Send IBM Punched Cards

Immediately after each part of the payroll or contra roll (OAS, ANB ANC-FG or ATD) is written for October, the county which elects to send IBM punched cards, shall select the cards for sample cases. These sample cards shall then be reproduced exactly, column for column, in what IBM operators call an "80-80 reproduction," and the reproductions forwarded to Sacramento.

These cards shall contain at least the same information (including type-of-roll identification) as is required on Forms Temp 398 ABD and Temp 397 CA, for the respective programs. If they do not, this method of reporting cannot be used.

By October 1, the county shall forward to the Bureau of Statistical Reports in Sacramento a copy of the IBM card layout used, with notes to explain any special local terminology.

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State of California  
Department of Social Welfare

Bureau of Statistical Reports  
722 Capitol Avenue, Sacramento

Survey of Distribution of Payments, October 1959  
Aid to Needy Children Families

A. Part of Roll Reported (check only one):

- |                             |                              |                               |                              |
|-----------------------------|------------------------------|-------------------------------|------------------------------|
| Main Payroll. . . . .       | <input type="checkbox"/> (1) | Current month cancellation. . | <input type="checkbox"/> (4) |
| Current month supplemental. | <input type="checkbox"/> (2) | Prior month cancellation. . . | <input type="checkbox"/> (5) |
| Prior month supplemental. . | <input type="checkbox"/> (3) | Repayment . . . . .           | <input type="checkbox"/> (6) |

B. Case Detail from Payroll:

| Family       |           | Persons            |        |       |        |               | Fiscal data |                                    |
|--------------|-----------|--------------------|--------|-------|--------|---------------|-------------|------------------------------------|
| State number | Case name | Number of children |        |       | Adults | Total persons | Amount      | Applicable month & year (if prior) |
|              |           | Elig.              | Inel.* | Total |        |               |             |                                    |
| (1)          | (2)       | (3)                | (4)    | (5)   | (6)    | (7)           | (8)         | (9)                                |
| 1.           |           |                    |        |       |        |               | \$          |                                    |
| 2.           |           |                    |        |       |        |               |             |                                    |
| 3.           |           |                    |        |       |        |               |             |                                    |
| 4.           |           |                    |        |       |        |               |             |                                    |
| 5.           |           |                    |        |       |        |               |             |                                    |
| 6.           |           |                    |        |       |        |               |             |                                    |
| 7.           |           |                    |        |       |        |               |             |                                    |
| 8.           |           |                    |        |       |        |               |             |                                    |
| 9.           |           |                    |        |       |        |               |             |                                    |
| 10.          |           |                    |        |       |        |               |             |                                    |
| 11.          |           |                    |        |       |        |               |             |                                    |
| 12.          |           |                    |        |       |        |               |             |                                    |
| 13.          |           |                    |        |       |        |               |             |                                    |

\*Ineligible for federal, but eligible for state aid.



CONTINUATION SHEET  
OR FILING ADMINISTRATIVE REGULATION  
WITH THE SECRETARY OF STATE  
(Pursuant to Government Code Section 11380.1)

State of California  
Department of Social Welfare

Bureau of Statistical Reports  
722 Capitol Avenue, Sacramento

Survey of Distribution of Payments, October 1959  
Old Age Security, Aid to Needy Blind and Aid to Needy Disabled

- A. Program Reported (check only one):

Old Age Security

☐ (1)

Aid to Needy Blind

☐ (2)

Aid to Needy Disabled

☐ (6)
- B. Part of Roll Reported (check only one):

Main payroll. . . . .

☐ (1)

Current month supplemental. .

☐ (2)

Prior month supplemental. . . .

☐ (3)

Current month cancellation. .

☐ (4)

Prior month cancellation. . .

☐ (5)

Repayment . . . . .

☐ (6)

C. Case Detail from Payroll:

| Recipient    |         |         | Fiscal data |                                                      |
|--------------|---------|---------|-------------|------------------------------------------------------|
| State number | Surname | Initial | Amount      | Applicable month & year (if a prior mo. transaction) |
| (1)          | (2)     | (3)     | (4)         | (5)                                                  |
| 1.           |         |         | \$          |                                                      |
| 2.           |         |         |             |                                                      |
| 3.           |         |         |             |                                                      |
| 4.           |         |         |             |                                                      |
| 5.           |         |         |             |                                                      |
| 6.           |         |         |             |                                                      |
| 7.           |         |         |             |                                                      |
| 8.           |         |         |             |                                                      |
| 9.           |         |         |             |                                                      |
| 10.          |         |         |             |                                                      |
| 11.          |         |         |             |                                                      |
| 12.          |         |         |             |                                                      |
| 13.          |         |         |             |                                                      |

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 (Pursuant to Government Code Section 11380.1)

**Regulations**

A-227.51 UNDERPAYMENT DUE TO ADMINISTRATIVE ERROR OR INADVERTENCE A-227.51

**Definitions**

"Full amount of underpayment" as referred to in W&IC Sec. 103.3, Item f, is the net underpayment after balancing against unadjusted overpayments, if any, as provided in Regulation Sec. A-228.

Underpayment due to "administrative error or inadvertence" within the meaning of W&IC Sec. 103.3(f) is an underpayment due to one or more of the following mistakes made by the county administering the aid;

1. Misfiling of documents;
2. Errors in typing or copying;
3. Mathematical errors;
4. Failure to grant and/or pay aid in the correct amount when all information essential to require such a payment was in the county record;
5. Failure to make prompt changes in the grant following amendments to statutes and regulations requiring such changes.

"Administrative error or inadvertence" does not include any alleged mistake:

1. Which depends upon the existence of evidence not in the possession of the county at the time the alleged mistake was made, or
2. In use of discretion, where discretion is allowed in
  - (a) the determination of fact  
or
  - (b) the application of a statute or regulation to determined facts.

B-227.51 UNDERPAYMENT DUE TO ADMINISTRATIVE ERROR OR INADVERTENCE - ANB-APSB

B-227.51

**Definitions**

"Full amount of underpayment" as referred to in W&IC Sec. 103.3, Item f, is the net underpayment after balancing against unadjusted overpayments, if any as provided in Regulation Sec. B-228.

Underpayment due to "administrative error or inadvertence" within the meaning of W&IC Sec. 103.3 (f) is an underpayment due to one or more of the following mistakes made by the county administering the aid:

(Continued)



CONTINUATION SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE  
(Pursuant to Government Code Section 11380.1)

Regulations

B-227.51 (Continued)

B-227.51

1. Misfiling of documents;
2. Errors in typing or copying;
3. Mathematical errors;
4. Failure to grant and/or pay, aid in the correct amount when all information essential to require such a payment was in the county record;
5. Failure to make prompt changes in the grant following amendments to statutes and regulations requiring such changes.

"Administrative error or inadvertence" does not include any alleged mistake:

1. Which depends upon the existence of evidence not in the possession of the county at the time the alleged mistake was made, or
2. In use of discretion, where discretion is allowed in
  - (a) the determination of fact
  - or
  - (b) the application of a statute or regulation to determined facts.

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These Regulations are designated to become effective NOV 1 '58



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(Pursuant to Government Code Section 11380.1)

## Regulations

C-227.51 UNDERPAYMENT DUE TO ADMINISTRATIVE ERROR  
OR INADVERTENCE

C-227.51

Definitions

"Full amount of underpayment" as referred to in W&IC Sec. 103.3, Item f, is the net underpayment after balancing against unadjusted overpayments, if any, as provided in Regulation Sec. C-228.

Underpayment due to "administrative error or inadvertence" within the meaning of W&IC Sec. 103.3f is an underpayment due to one or more of the following mistakes committed by the county administering the aid:

1. Misfiling of documents;
2. Errors in typing or copying;
3. Mathematical errors;
4. Failure to grant and/or pay aid in the correct amount when all information essential to require such a payment was in the county record;
5. Failure to make prompt changes in the grant following amendments to statutes and regulations requiring such changes.

"Administrative error or inadvertence" does not include any alleged mistake:

1. Which depends upon the existence of evidence not in the possession of the county at the time the alleged mistake was made, or
2. The use of discretion, where discretion is allowed in
  - (a) the determination of fact
  - or
  - (b) the application of a statute or regulation to determined facts.

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These Regulations are designated to become effective NOV 1 '59



CONTINUATION SHEET  
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WITH THE SECRETARY OF STATE  
(Pursuant to Government Code Section 11380.1)

Regulations

D-227.51 UNDERPAYMENT DUE TO ADMINISTRATIVE ERROR OR  
INADVERTENCE

D-227.51

Definitions

"Full amount of underpayment" as referred to in W&IC Sec. 103.3 Item (f), is the net underpayment, after balancing against unadjusted overpayments, if any, as provided in Regulation Section D-228.

Underpayment due to "administrative error or inadvertence" within the meaning of W&IC Sec. 103.3(f) is an underpayment due to one or more of the following mistakes committed by the county administering the aid:

1. Misfiling of documents;
2. Errors in typing or copying;
3. Mathematical errors;
4. Failure to grant or pay aid in the correct amount when all information essential to require such a payment was in the county record;
5. Failure to make prompt changes in the grant following amendments to statutes and regulations requiring such changes.

"Administrative error or inadvertence" does not include any alleged mistake:

1. Which depends upon the existence of evidence not in the possession of the county at the time the alleged mistake was made, or
2. In use of discretion, where discretion is allowed in
  - (a) the determination of fact, or
  - (b) the application of a statute or regulation to determined facts.

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(Pursuant to Government Code Section 11380.1)

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OCT 30 1959

Division of Administrative Procedure

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Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

State Department of Social Welfare

(Agency)

Dated: October 29, 1959

By: *J. M. Wedemeyer*

Director

(Title)

FILED

In the office of the Secretary of State  
of the State of California

OCT 30 1959

At 4:17 o'clock P.M.

FRANK M. JORDAN, Secretary of State

By: *[Signature]*  
Assistant Secretary of State

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A-204.11 SPECIAL NEED FOR BOARD AND PERSONAL CARE

A-204.11

When a recipient is in an aged boarding home and receives some personal care (but not nursing care), the amount charged for support and care, not to exceed \$150 monthly, is allowed in lieu of any basic allowances for food, housing, utilities and household maintenance. In lieu of the basic allowances for clothing, transportation, personal needs, development and incidentals and medicine chest supplies, a flat amount of \$41 is allowed. Medical needs and special needs for transportation are also allowed under the conditions specified in Secs. A-204.17, A-205 and A-206.

When the cost of board and personal care exceeds \$150 a month the actual cost is allowed for a three-month period to enable the recipient to secure care within the maximum. Thereafter, if the recipient remains under care at a rate exceeding the maximum, only the maximum is allowed. Exception: On the determination that adequate care cannot be secured within the ceiling, an additional allowance may be made.

A-206.3 SPECIAL NEED FOR NURSING CARE

A-206.3

When a recipient is in an aged boarding home or a nursing home and receives nursing care recommended by a doctor or practitioner, the amount charged for support and care, not to exceed the maximum specified below for the type of care required, is allowed in lieu of any basic allowances for food, housing, utilities, household maintenance, and to cover the cost of nursing care and supervision.

- A. For those recipients who require some, but not extensive, nursing care (rendered by a registered or practical nurse), the maximum allowance is \$200.
- B. For those recipients who require extensive nursing care and supervision, the maximum allowance is \$255.

In lieu of the basic allowances for clothing, transportation, personal, development and incidental needs and medicine chest supplies, a flat amount of \$36 is allowed. Medical needs and transportation are allowed under the conditions specified in Secs. A-204.17, A-205 et seq. and A-206 et seq.

If a private room is recommended, the cost, not to exceed \$50 monthly, is added to the maxima specified in A and B above.

When the cost exceeds the maximum specified, the actual cost is allowed for a three-month period to enable the recipient to secure care within the maximum. Thereafter, if the recipient remains under care at a rate exceeding the maximum only the maximum is allowed. Exception: When there are no available facilities in the community within the maximum, or the doctor or practitioner recommends against moving the recipient, an amount above the maximum, but not to exceed the minimum amount for which adequate care for the individual can be secured, is allowed.

These Regulations are designated to become effective January 1, 1960



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(Pursuant to Government Code Section 11380.1)

A-202 DETERMINATION OF NEED Regulations

A-202 BASIC NEEDS COMMON TO ALL RECIPIENTS A-202

The following basic items of need are considered to be common to all recipients and to be provided by the maximum OAS grant in the amounts and to the extent specified:

|                                                  |                                                                                                                                                                                                                                                                                                  |
|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Food                                             | \$28.50 - For food in the normal amount and of a kind necessary to maintain health and vigor.                                                                                                                                                                                                    |
| Housing and Utilities                            | 21.30 - For adequate, suitable, sanitary housing in a locality chosen by the recipient, and light, water, garbage disposal, refrigeration, and heat needed to maintain health and comfort.                                                                                                       |
| Household Maintenance                            | 4.50 - For ordinary upkeep and occasional replacement of small items of household equipment and supplies.                                                                                                                                                                                        |
| * Clothing                                       | 9.70 - For adequate, healthful clothing.                                                                                                                                                                                                                                                         |
| **Transportation                                 | 6.00 - For transportation for social and ordinary shopping purposes.                                                                                                                                                                                                                             |
| *Personal Care,<br>**Development and Incidentals | 20.00 - For hair care, personal toilet articles, dry cleaning, tobacco, etc. For personal and/or errand service for help in shopping, personal care, etc., participation in community activities, adult education courses, hobbies, crafts, reading materials, movies, stationery, postage, etc. |
| **Medicine Chest Supplies                        | 5.00 - For such medicine chest supplies as cotton, gauze, bandages, aspirin, rubbing alcohol, mineral oil, vaseline, and other over-the-counter items for which no prescription is required and which are ordinarily sought at the recipient's own initiative.                                   |
| TOTAL                                            | \$95.00                                                                                                                                                                                                                                                                                          |

\*Personal and Incidental Needs (for a patient in a Public Medical Institution beyond a temporary period - see Sec. A-206.7). \$16.00 - For hair care, shaves, toilet articles, cleansing tissues, tobacco, candy, craft materials, reading materials, stationery, postage, errand service, personal clothing not furnished by the institution, such as robes, slippers and items needed for ambulation and rehabilitation, etc.

\*\*For the recipient in an aged boarding home or in a nursing home a flat \$36 is allowed in lieu of the basic allowances for clothing, transportation, personal care, development and incidentals, and medicine chest supplies. (See Secs. A-204.11 and A-206.3.)



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**OR FILING ADMINISTRATIVE REGULATION IS**  
**WITH THE SECRETARY OF STATE**  
(Pursuant to Government Code Section 11380.1)

## Regulations

A-212.51 COMMUNITY INCOME

A-212.51

(See Sec. A-211 for definition of community income.)

1. Income from community property - when a couple has income from community property, each is considered to receive an equal share.
2. Other community income is apportioned as follows:

Community income of the recipient may be allocated to the spouse (if his needs are not otherwise met) in the amount required to meet his needs under the OAS standard, but not to exceed one-half of the income. No allocation of such income is to be made for the support of minor children.

Community income of the ineligible spouse from civil or military pensions is to be retained in the amount required to meet his own needs under the OAS standard and those of his dependent minor children. Any balance up to one-half of such income is to be allocated to the recipient.

Community income of an ineligible spouse from earnings or from payments received because of industrial or unemployment compensation laws (if such payments are predicated on the fact that the individual is still in the labor market), is to be retained in the amount required to meet his needs in accordance with the following schedule of allowances for an employed person:

|                                                                                 |              |
|---------------------------------------------------------------------------------|--------------|
| Food                                                                            | \$35.00      |
| Clothing                                                                        | 20.00        |
| Household Maintenance                                                           | 4.50         |
| Life Insurance and Emergencies                                                  | 10.00        |
| Incidental Expenses, including Personal Care Items                              | 20.00        |
| Transportation                                                                  | 17.50        |
| Recreation and Community Participation                                          | 15.00        |
| Medical and Dental Care, Drugs, Vitamins, Clinical Fees, Health Insurance, etc. | <u>12.00</u> |
| Total                                                                           | \$134.00     |

To this total is added Housing and Utilities -  
Share, as paid up to \$ 45.00

Additional amounts are allowed as paid for expenses incident to employment when they exceed or are not provided in the above schedule, e.g., uniforms or other special clothing required by the particular job, meals away from home, extra laundry, transportation, union or professional dues and expenses, telephone and further medical need and debts incurred for necessities of life.

(Continued)



CONTINUATION SHEET  
 FOR FILING ADMINISTRATIVE REGULATIONS  
 WITH THE SECRETARY OF STATE  
 (Pursuant to Government Code Section 11380.1)

Regulations

A-212.51 (Continued)

A-212.51

An additional amount is allowed to meet the needs of dependent minor children. Any balance up to one-half of the income is to be allocated to the recipient.

When income of the ineligible spouse is of a temporary nature, is received only on a periodic basis, or fluctuates substantially from month to month, a single money amount shall be established, based on an average of the anticipated income for the calendar year. This single money amount will be considered as the continuing monthly income from such source until a redetermination is made because of a change in circumstances not anticipated in the original determination.

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CONTINUATION SHEET  
**FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE**  
 (Pursuant to Government Code Section 11380.1)

Regulations

AID PAYMENTS

A-221

A-221 AMOUNT OF AID PAYMENT

A-221

Aid is to be paid monthly, subject to the limitations of W&IC 2020, and 2020.002 in the amount determined as follows:

1. If the recipient's current net income received in the month (as determined in accord with Chapter A-21) is \$20 or more, the amount of such income is subtracted from the amount of his total need for the month (as determined in accord with Chapter A-20). The resultant figure, or \$95, whichever is less, is the amount of the grant.
2. If there is no income or the recipient's current net income received in the month is less than \$20, the amount of such income is subtracted from his total need or from \$115, whichever is less. The resultant figure is the amount of the grant.

Exception: The interest payment on a trust deed, mortgage or promissory note received as a result of real property sold pursuant to W&IC Sec. 2165d is earmarked income which, after a home is purchased, must be applied on the home. Therefore, such income is available to apply on other needs only until the month in which the home is purchased and after full payment on the home is completed (see Sec. A-204.05).

Payment is to be authorized, changed, suspended, denied or discontinued by use of Forms ABD 278L and ABD 278M or approved substitutes. (See Sec. A-025.24, Forms ABD 278L and ABD 278M.)

In determining the amount of the aid payment for a particular month, all income and those special needs which existed and were reported before the end of that month are considered.

Exceptions:

1. When the change occurred too late to give the recipient reasonable time to report within the month or the report was not received due to communication difficulties, etc., such change is to be reflected in the aid payment if reported by the end of the following month.
2. When special circumstances, such as the recipient's physical or mental incapacity, make it unreasonable to expect that he could have reported promptly, such change is reflected in the aid payment for the months in which it existed, if reported as soon as could reasonably be expected.

Any deficiency in a previous month between total need and the sum of the grant and the income is not to be carried forward and allowed as need in a subsequent month.



**CONTINUATION SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE**

(Pursuant to Government Code Section 11380.1)

A-225.3 COMPUTATION AND DISTRIBUTION OF PAYMENT BETWEEN RECIPIENT AND  
INSTITUTION

A-225.3

The total aid payment to be made to and/or on behalf of the recipient who is a patient in a public medical institution is determined in accord with Section A-221, Amount of Aid Payment. Income received by the public medical institution on behalf of the recipient, but not available to the recipient for his personal and incidental needs, is considered in determining the amount of the aid payment pursuant to Sec. A-221, but is disregarded in determining distribution of the payment between the recipient and the institution.

When all or a part of the aid payment is to be paid to the institution, the distribution is authorized as follows:

A. Institution Meets All of Recipient's Medical Needs (see Sec. A-206.7)

1. Recipient Has No Income

A direct payment of \$16.00 is made to the recipient for his personal and incidental needs. The balance of the grant is paid to the institution.

(Continued)

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A-225.3 AID PAYMENTS Regulations

A-225.3 (Continued) A-225.3

2. Recipient Has Income Less Than \$16.00

A direct payment of the difference between his income and \$16.00 is made to the recipient. The balance of the grant is paid to the institution.

3. Recipient Has Income of \$16.00 or More

The entire grant is paid to the institution.

B. Medical Needs Exist Which Are Not Met by the Institution

1. Recipient Has No Income or His Income Is Less Than His Medical Needs Which Are Not Met by the Institution

A direct payment is made to the recipient of \$16.00 plus whichever of the following is less:

- a. The difference between his income, if any, and the amount of his unmet medical needs, or
- b. The amount, if any, by which his income is less than \$20.00.

2. The Recipient's Income Equals or Exceeds Medical Needs Which Are Not Met by the Institution

A direct payment is made to the recipient of the amount, if any, by which his income, after allowing for medical needs not met by the institution, is less than \$16.00. The balance of the grant is paid to the institution.

A-225.4 RECIPIENT DISCHARGED OR ELIGIBILITY STATUS CHANGED WHILE IN THE INSTITUTION A-225.4

If the recipient continues to be eligible to receive aid, he receives the full grant for the month in which he is discharged or otherwise leaves the public medical institution; i.e., no portion of the grant is paid to the institution.

If the recipient becomes ineligible to continue receiving aid for any reason during a month while he is a patient in the public medical institution, payment is made to the institution for the full month. (See Sec. F-520 re: Federal participation.) Such situations include, but are not limited to the following:

- A. Recipient is moved to an ineligible unit of the institution; i.e., a custodial ward, a unit established for care of tuberculosis or mental patients.
- B. The recipient's continued care in the institution is the result of a diagnosis of tuberculosis or psychosis.
- C. The recipient dies.

Care in the public medical institution is considered continuous when, within ten days of leaving the institution, the recipient is readmitted for the same ailment; i.e., payment starting with the month following readmittance is made in the same manner as if there had been no discharge or interruption in the care in the institution.

(See Sec. A-206.7, Special Need for Care in a Public Medical Institution; and A-141.40, Evidence of Eligibility in a Public Medical Institution)

CALIFORNIA-SDSW-MANUAL-OAS Rev. 802 replaces Issue No. 22-52 Effective 1/1/60

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(Pursuant to Government Code Section 11380.1)

Regulations

AID PAYMENTS

A-226

A-226 CHANGES IN AMOUNT OF PAYMENT

A-226

Whenever any change in the circumstances requires a change in the grant, the appropriate increase or decrease is made effective as soon as possible. (See Secs. A-227.10, Adjustment Period, and A-227.60, Adjustment of Underpayment by Authorization of Retroactive Aid.)

If a change in eligibility status, income or need is known in advance, any necessary change in the amount of payment is made effective with the month in which the changed circumstances will occur.

If a recipient's circumstances change to the extent that he no longer meets the eligibility requirements, aid is discontinued effective the last day of the month for which the last payment was made.

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CALIFORNIA-SDSW-MANUAL- OAS

Rev. 803 replaces Rev. 236

Effective 1/1/60



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FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE  
(Pursuant to Government Code Section 11380.1)

Regulations

AID PAYMENTS

A-227.60

A-227.60 ADJUSTMENT OF UNDERPAYMENT BY AUTHORIZATION OF RETROACTIVE AID

A-227.60

Definition

Retroactive aid is aid authorized in a subsequent month for some preceding month or months.

ADJUSTMENT BY COUNTY ADMINISTRATIVE ACTION

Underpayment is adjusted by administrative action authorizing payment of retroactive aid under the circumstances prescribed below and within the time limits specified.

1. Underpayment resulting from an administrative error or inadvertence (see Sec. A-227.51).

Such underpayment (including underpayment resulting from a denial or discontinuance due to administrative error or inadvertence) is to be adjusted as provided in W&IC Sec. 103.3, Item f.

2. Underpayment resulting from other causes.

Underpayment resulting from causes other than "administrative error or inadvertence" is to be adjusted in accord with whichever of the following circumstances is appropriate:

- a. Recipient Eligible to a Larger Grant than that Authorized

When aid is paid in the amount authorized but it is later determined that the recipient was eligible for a greater amount (as determined in accord with Sec. A-221), the underpayment is to be adjusted, provided the additional amount due can be authorized before the end of the eighth month following the month for which the recipient was underpaid.

(Continued)



CONTINUATION SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE  
(Pursuant to Government Code Section 11380.1)

Regulations

A-227.60 (Continued)

A-227.60

b. Aid Denied or Discontinued to an Eligible Person

When, within six months after date of applicant's or recipient's notification of a denial or discontinuance, the county obtains additional information which indicates eligibility existed for the denied or discontinued payments, or discovers the denial was improper when taken as it was apparent the applicant would be eligible within 90 days (see Sec. A-014.45), the underpayment is to be adjusted provided:

- (1) The applicant or recipient met his responsibility for reporting promptly all facts required of him pursuant to W&IC Sec. 103.3, Item b; and
- (2) The retroactive aid can be authorized before the end of the eighth month following that in which the discontinuance or denial action occurred.

(The authorization is to be in the amount to which the person was eligible and for the period during which he would have received aid if such aid had been granted or continued instead of denied or discontinued.)

c. Incorrect Beginning Date

When aid is not authorized in accord with the code and regulations governing the beginning date and underpayment occurs on a new case, a restoration, an inter-county transfer, or a transfer between OAS, and ANB, such underpayment is to be adjusted provided the amount due can be authorized before the end of the eighth month following the month in which aid is to have begun.

## ADJUSTMENT BY THE APPEAL PROCESS

Underpayment (regardless of cause) shall be adjusted by authorization of aid in the amount and for the period ordered by the SSWB or agreed to by the SDSW (see Secs. 055.3 and 055.4).

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FOR FILING ADMINISTRATIVE REGULATIONS  
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B-202 DETERMINATION OF NEED Regulations

B-202 BASIC NEEDS COMMON TO ALL RECIPIENTS - ANB-APSB B-202

The following basic items of need are considered to be common to all recipients and to be provided by the maximum grant in the amounts and to the extent specified:

|                                                      |          |                                                                                                                                                                                                                                                                                                                               |
|------------------------------------------------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Food                                                 | \$33.00  | - For food in the normal amount and of a kind necessary to maintain health and vigor, and including allowance for waste and shopping in neighborhood stores.                                                                                                                                                                  |
| Housing and Utilities                                | \$30.00  | - For adequate, suitable, sanitary housing in a locality chosen by the recipient, light, water, garbage disposal, refrigeration, and heat needed to maintain health and comfort, and allowing for extensive use of electricity for radio and talking book machine.                                                            |
| Rent \$23.20 )<br>Utilities \$6.80)                  |          |                                                                                                                                                                                                                                                                                                                               |
| Household Maintenance                                | \$ 5.50  | - For ordinary upkeep and occasional replacement of small items of household equipment and supplies, including an allowance for waste, more frequent purchase of supplies, and assistance in household maintenance.                                                                                                           |
| *Clothing<br>**                                      | \$11.00  | - For adequate, healthful clothing, including an allowance for frequent cleaning and consequent replacement.                                                                                                                                                                                                                  |
| **Transportation                                     | \$ 8.50  | - For transportation for social and ordinary shopping purposes.                                                                                                                                                                                                                                                               |
| *Personal Care,<br>**Development, and<br>Incidentals | \$22.00  | - For shaves, shampoos, hair cuts, toilet articles, dry cleaning, tobacco, etc.: For personal and/or errand service for help in shopping, traveling, reading, and writing, etc.: For participation in community activities, adult education courses, hobbies, crafts, reading materials, club dues, stationery, postage, etc. |
| **Medicine Chest<br>Supplies                         | \$ 5.00  | - For such medicine chest supplies as cotton, gauze, bandages, aspirin, rubbing alcohol, mineral oil, vaseline, and other over-the-counter items for which no prescription is required and which are ordinarily bought at the recipient's own initiative.                                                                     |
| TOTAL                                                | \$115.00 |                                                                                                                                                                                                                                                                                                                               |

\* Personal and Incidental Needs \$16.00 For hair care, shaves, toilet articles, cleansing tissues, tobacco, candy, craft materials, reading materials, stationery, postage, errand service, personal clothing not furnished by the institution, such as robes, slippers and items needed for ambulation and rehabilitation, etc.  
(for an ANB patient in a Public Medical Institution beyond a temporary period - See Sec. B-206.7)

\*\*For the recipient in a boarding home or in a nursing home a flat \$41.50 is allowed in lieu of the basic allowances for clothing, transportation, personal care, development and incidentals, and medicine chest supplies. (See Secs. B-204.11 and B-206.3.)



CONTINUATION SHEET  
**FOR FILING ADMINISTRATIVE REGULATIONS** **5**  
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### Regulations

#### B-204.11 SPECIAL NEED FOR BOARD AND PERSONAL CARE - ANB - APSB B-204.11

If a recipient is in a boarding home and receives some personal care (but not nursing care), the amount charged for support and care, not to exceed (\$150 monthly, is allowed in lieu of any basic allowances for food, housing, utilities and household maintenance, and to cover the cost of personal care. In lieu of the basic allowances for clothing, transportation, personal care, development, and incidentals, and medicine chest supplies, a flat amount of \$46.50 is allowed. Medical needs and special needs for transportation are also allowed under the conditions specified in Sections B-204.17, B-205 and B-206.

If the cost of board and personal care exceeds \$150 a month the actual cost is allowed for a three-month period to enable the recipient to secure care within the maximum. Thereafter, if the recipient remains under care at a rate exceeding the maximum, only the maximum is allowed. Exception: On the determination that adequate care cannot be secured within the ceiling, an additional allowance may be made.

#### B-206.3 SPECIAL NEED FOR NURSING CARE - ANB-APSB B-206.3

If a recipient is in a boarding home or a nursing home and receives nursing care recommended by a doctor or practitioner, the amount charged for support and care, not to exceed the maximum specified below for the type of care required, is allowed in lieu of any basic allowances for food, housing, utilities, household maintenance, and to cover the cost of nursing care and supervision.

- A. For the recipient who requires some, but not extensive, nursing care (rendered by a registered or practical nurse), the maximum allowance is \$200.
- B. For the recipient who requires extensive nursing care and supervision the maximum allowance is \$255.

In lieu of the basic allowances for clothing, transportation, personal care, development, incidentals, and medicine chest supplies, a flat amount of \$41.50 is allowed. Medical needs and transportation are allowed under the conditions specified in Secs. B-204.17, B-205 and B-206.

If a private room is recommended by doctor or practitioner, the cost, not to exceed \$50 monthly, is added to the maxima specified in A and B above.

If the cost exceeds the maximum specified, the actual cost is allowed for a three-month period to enable the recipient to secure care within the maximum. Thereafter, if the recipient remains under care at a rate exceeding the maximum, only the maximum is allowed. Exception: If there are no available facilities in the community within the maximum, or the doctor or practitioner recommends against moving the recipient, an amount above the maximum, but not to exceed the minimum amount for which adequate care for the individual can be secured, is allowed.

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## Regulations

B-211 INCOME - DEFINITIONS - ANB-APSB

B-211

Income is any benefit in cash or in kind received as a result of current or past labor or services, business activities, interests in real or personal property, or as a contribution from persons, organizations or assistance agencies.

Exceptions:

1. County supplementation is not considered income if the recipient's grant and other income are not sufficient to meet his total need determined within the limits specified in Chapter 20.
2. Certain benefits received as nonrecurring lump sum payments, irregular, nonrecurring gifts of money, and proceeds received from sale of property (excluding proceeds from sale of less than an entire holding of livestock, poultry, or timber) are considered personal property rather than income (see Secs. B-136, Differentiation of Personal Property and Income, and B-137, Acquisition and Conversion of Real or Personal Property).

Separate income is a) income derived as a result of an interest in separate property, or b) income resulting from employment or military service rendered prior to the present marriage, or c) that portion of community income which the wife brings to the community through her efforts.

Community income is:

- a. Income derived as a result of an interest in community property.
- b. Income resulting from employment or military service performed during the present marriage or being performed at the time of the present marriage. Exception: If the applicant or recipient has relinquished his community interest in his spouse's earnings by oral or written agreement, such income is separate income of the spouse. If it is determined that the agreement was made for the purpose of qualifying for aid or for a greater amount of aid, such income is considered community income.
- c. Income from the earnings of a minor child, unless the child has been emancipated. (See Sec. B-150.2)

Current income is that which is received in the current month regardless of the period over which it accrued. Exceptions: (1) interest payments in decreasing amounts may be averaged; (2) if all or a portion of a cash gift is determined to be income pursuant to W&IC Secs. 3047.22 and 3447.2, it is considered "current income" in the month following receipt. (See Sec. B-136.)

Any unexpended portion of current income becomes personal property on the first of the month following receipt of the income. Exception: See Sec. B-212.7, Recurring Lump Sum Income - ANB.

(Continued)



CONTINUATION SHEET  
**FOR FILING ADMINISTRATIVE REGULATIONS  
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## Regulations

B-211 (Continued)

B-211

Casual income is income which is 1) unpredictable as to amount and time of receipt; 2) of short duration; and 3) of negligible importance in meeting continuing needs under the ANB-APSB standard. Such income is not considered in determining the amount of the aid payment.

Income from an inconsequential resource is the net return from an interest in real or personal property which makes no appreciable contribution to the continuing needs of a recipient under the ANB-APSB standard. Such income is not considered in determining the amount of the aid payment.

In ANB exempt earned income is up to and including \$50 a month net income received as wages, salary, commissions, or profit from activities such as business enterprise, farming, etc., in which the applicant/ recipient is engaged as a self-employed individual or as an employee. (See Sec. B-212.30, Net Income.)

In APSB exempt income is net income from all sources (except casual or inconsequential) up to and including \$1,200 a year, plus 50 percent of any income in excess of \$1,200 during a yearly income period. (See Sec. B-212.30, Net Income)

See Sec. B-136; Differentiation of Personal Property and Income.

B-212.20 EXEMPT INCOME - APSB

B-212.20

The net income of a recipient of APSB from all sources of a combined total value up to and including \$1,200 a year, plus one-half of all net income in excess of \$1,200 a year, is exempt in determining the amount of aid. (See Sec. B-221, Amount of Aid Payment.)

Room and board, which is an integral part of the program of training for those blind student-trainees in the State Orientation Center for the Blind, 3601 Telegraph Avenue, Oakland, is not to be considered as income during the period of training.

Net income shall be determined by deducting from the gross income the expenses which are incident to its receipt including payments, not in excess of \$100 a month, made by a recipient to effect his plan for self-support. (See Sec. B-212.30, Net Income.)

If an application for APSB has been approved, the recipient is entitled to receive the maximum amount of aid each month, and retain net income up to \$1,200 within any one yearly income period. If a person has net income of more than \$1,200 in a given yearly period, one-half of any income in excess of \$1,200 a year is exempt and the grant is determined on a monthly basis until the end of the yearly income period. (See Sec. B-221, Amount of Aid Payment.) Exception: If the recipient is making an allocation to his spouse, no adjustment in the recipient's grant of aid is made until the support of the spouse has been met. (See Sec. B-212.51, Community Income - ANB - APSB.)

(Continued)

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(Pursuant to Government Code Section 11380.1)

## Regulations

B-212.20 (Continued)

B-212.20

Aid for an otherwise eligible recipient shall continue until the recipient becomes self-supporting within the scope of the plan or until the plan is abandoned or proves unfeasible. Any determination by a county that the objectives of a plan for self-support have been realized shall be made on the basis of the particular circumstances involved with due regard for the necessity of continuing grants of aid until the aims of a plan for self-support have been fully achieved.

Self-support is considered to have been achieved if the recipient's earning pattern over a reasonable period of time demonstrates average earnings which are sufficient for self-support and which are likely to continue. For the purpose of determining whether a person has achieved self-support, monthly net income of a recipient shall be computed without deduction of the community property interest of a spouse in the income.

Self-support for a recipient of APSB means support for the recipient personally and does not include allowance for the needs of members of his family.

An educational scholarship or traineeship which has been awarded to a recipient of APSB while he is regularly attending any public school in this state or any institution of higher learning in this state, is not to be deemed property, income, or resource and no deduction is to be made from the recipient's amount of aid because of such scholarship. (See also Chapter 13 - Decreasing Dependency.)

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(Pursuant to Government Code Section 11380.1)

## Regulations

B-212.51 COMMUNITY INCOME - ANB-APSB

B-212.51

(See Sec. B-211 for definition of community income.)

1. Income from community property - if a couple has income from community property, each is considered to receive an equal share.
2. Income from current or past employment - that portion of the community income which the wife brings to the community through her efforts is treated the same as though it were her separate property.

Community income of the recipient may be allocated to the spouse (if his needs are not otherwise met) in the amount required to meet his needs as determined by investigation up to one-half of the income. If the recipient is the wife, the amount allocated to the support of her husband is determined by her liability under the Responsible Relatives' Scale. Allocation to a spouse is made after the recipient has been allowed the full maximum of exempt income. No allocation of such income is to be made for the support of minor children.

Community income of the ineligible spouse from civil or military pensions is to be retained in the amount required to meet his own needs, in accord with the AB standard for basic and special needs, and those of his dependent minor children. Any balance up to one-half of the total income is to be allocated to the recipient, except that if the ineligible spouse is the wife of the recipient, the amount allocated may not exceed the amount of her liability under the Responsible Relatives' Scale.

Community income of an ineligible spouse from earnings or from payments received because of industrial or unemployment compensation laws (if such payments are predicated on the fact that the individual is still in the labor market), is to be retained in the amount required to meet his needs in accordance with the following schedule of allowances for an employed person:

|                                                                                 |          |
|---------------------------------------------------------------------------------|----------|
| Food                                                                            | \$35.00  |
| Clothing                                                                        | 20.00    |
| Household Maintenance                                                           | 4.50     |
| Life Insurance and Emergencies                                                  | 10.00    |
| Incidental Expenses, including Personal Care Items                              | 20.00    |
| Transportation                                                                  | 17.50    |
| Recreation and Community Participation                                          | 15.00    |
| Medical and Dental Care, Drugs, Vitamins, Clinical Fees, Health Insurance, etc. | 12.00    |
| Total                                                                           | \$134.00 |
| To this total is added Housing and Utilities - Share, as paid up to             | 45.00    |

(Continued)



CONTINUATION SHEET  
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## Regulations

B-212.51 (Continued)

B-212.51

Additional amounts are allowed as paid for expenses incident to employment if they exceed or are not provided in the above schedule, e.g., uniforms or other special clothing required by the particular job, meals away from home, extra laundry, transportation, union or professional dues and expenses, telephone, and further medical need and debts incurred for the necessities of life.

An additional amount is allowed to meet the needs of dependent minor children. Any balance up to one-half of the income is to be allocated to the recipient. Exception: If the ineligible spouse is the wife of an applicant or recipient of ANB - APSB the amount allocated to her spouse is limited by the W&IC to that amount for which the wife has liability under the Responsible Relatives' Scale.

If income of the ineligible spouse is of a temporary nature, is received only on a periodic basis, or fluctuates substantially from month to month, a single money amount shall be established, based on an average of the anticipated income for the calendar year. This single money amount will be considered as the continuing monthly income from such source until a redetermination is made because of a change in circumstances not anticipated in the original determination.

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CONTINUATION SHEET  
**R FILING ADMINISTRATIVE REGULAT 5**  
**WITH THE SECRETARY OF STATE**  
(Pursuant to Government Code Section 11380.1)

Regulations

AID PAYMENTS

B-221

B-221 AMOUNT OF AID PAYMENT - ANB-APSB

B-221

Aid is to be paid monthly in advance, and the amount is determined as follows:

1. ANB: In determining the amount of aid to which an individual is eligible, consideration is first given to:

- a. The amount of net income other than exempt income (see Sec. B-212.10), and
- b. The amount required to meet any special need which the individual has.

The grant is then determined in accord with whichever of the following methods is appropriate:

1. Recipient Has No Nonexempt Income

The grant is \$115 regardless of need.

2. Recipient Has Nonexempt Income But No Special Need

Income is deducted from \$115.

3. Recipient's Nonexempt Income is \$11 a Month or Less

Income is deducted from \$115 regardless of need.

4. Recipient Has a Special Need and the Nonexempt Income is in Excess of \$11 a Month

- a. The first \$11 is deducted from \$115, leaving \$104. In these cases, grant may not exceed \$104.

- b. Compare remaining income (total nonexempt less \$11) with amount of special need:

- (1) If remaining income is equal to or less than amount of special need, amount of grant is \$104.

- (2) If remaining income is greater than amount of special need, the difference shall be deducted from \$104 to arrive at amount of grant.

2. APSB: The monthly grant is the maximum amount permitted by the code until exempt income of \$1200 is allowed during any one-year period. Thereafter the monthly grant is dependent upon total need and the amount of nonexempt income, as in ANB. (See Secs. B-212.20, B-212.51 and B-226.)

(Continued)



CONTINUATION SHEET  
**JR FILING ADMINISTRATIVE REGULATION S**  
**WITH THE SECRETARY OF STATE**  
(Pursuant to Government Code Section 11380.1)

|       |              |             |
|-------|--------------|-------------|
| B-221 | AID PAYMENTS | Regulations |
|-------|--------------|-------------|

|                   |  |       |
|-------------------|--|-------|
| B-221 (Continued) |  | B-221 |
|-------------------|--|-------|

Payment is to be authorized, changed, suspended, denied or discontinued by use of Forms ABD 278L and ABD 278M or approved substitutes. (See Sec. B-025.24.)

In determining the amount of the ANB payment for a particular month, as well as the APSB payment after allowance for the yearly exempt income (see Sec. B-212.20, Exempt Income - APSB) all nonexempt income and those special needs which existed and were reported before the end of that month are considered.

Exceptions:

1. If the change occurred too late to give the recipient reasonable time to report within the month or the report was not received due to communication difficulties, etc., such change is to be reflected in the aid payment if reported by the end of the following month.
2. If special circumstances, such as the recipient's physical or mental incapacity, make it unreasonable to expect that he could have reported promptly, such change is reflected in the aid payment for the months in which it existed, if reported as soon as could reasonably be expected within the competence of the recipient.

Any deficiency in a previous month between total need and the sum of the grant and the nonexempt income is not to be carried forward and allowed as need in a subsequent month.

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CONTINUATION SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE  
(Pursuant to Government Code Section 11380.1)

RESOLUTION

- WHEREAS, the Welfare and Institution Code requires each recipient of Old Age Security or Aid to the Blind to be given an itemized report setting forth the detail of his monthly grant computation with every change in such grant; and
- WHEREAS, said provisions of law authorizes the State Social Welfare Board to waive the detailed grant computation requirement for statutory grant changes; and
- WHEREAS, Section 014.70 of the Old Age Security and Aid to the Blind Manuals require a detailed Notice of Action to be mailed to each recipient with each change in grant in accordance with provisions of the Welfare and Institution Code; and
- WHEREAS, Chapters 1878, 1879 and 2151, Statutes of 1959, authorize and increase in the statutory grant as of January 1, 1960; and
- WHEREAS, virtually all recipients of Old Age Security and Aid to the Blind will receive a flat five dollar (\$5) increase in grant as of January 1, 1960; and
- WHEREAS, a prepared brief statement can be used to explain the nature of this statutory increase in grant with considerable saving in administrative cost;
- THEREFORE BE IT RESOLVED that the Director of Social Welfare be instructed to prepare for distribution with the January 1, 1960 checks of recipients of Old Age Security and Aid to the Blind a brief printed notification of the statutory change; and be it further
- RESOLVED, that this waiver of the detailed notification requirement shall apply only to recipients who are eligible to receive a flat increase of five dollars (\$5); and be it further
- RESOLVED, that county governments shall be granted authority to record such statutory grant adjustments by list rather than individual case authorization documents.

These Regulations are designated to become effective January 1, 1960.



CONTINUATION SHEET  
**R FILING ADMINISTRATIVE REGULATIONS**  
**WITH THE SECRETARY OF STATE**  
(Pursuant to Government Code Section 11380.1)

Regulations

DETERMINATION OF INCOME

D-211

D-211

INCOME - DEFINITIONS

D-211

Income is any benefit in cash or in kind received as a result of current or past labor or services, business activities, interest in real or personal property, or as a contribution from persons, organizations or assistance agencies.

Exceptions:

1. County supplementation, beyond the maximum board and care rate of \$90 but not to exceed \$255, paid to a nursing home, board and care home, or institution to apply on the cost of care is exempt from consideration as income. When there are no facilities available for \$255 to provide the care needed by the recipient, or when the doctor recommends against moving the recipient, county supplementation of the minimum amount for which needed care can be secured is exempt from consideration as income.
2. County funds used to pay for homemaker, housekeeping or attendant services are not considered income. Payment for these services shall be at the usual community rate but not to exceed \$150 per month.
3. Payment from any source to a vendor for medical care is not considered income.
4. Certain benefits received as nonrecurring lump-sum payments and proceeds received from sale of property (excluding proceeds from sale of less than an entire holding of livestock, poultry, timber, etc.) are considered personal property rather than income. (See Sec. D-136, Differentiation of Personal Property and Income, and D-137, Acquisition and Conversion of Real or Personal Property.)

Separate income is a) income derived as a result of an interest in separate property, or, b) income resulting from employment or military service rendered prior to the present marriage.

Community income is

- a. Income derived as a result of an interest in community property, or,
- b. Income resulting from employment or military service performed during the present marriage or being performed at the time of the present marriage. Exception: If the applicant or recipient has relinquished his community interest in his spouse's earnings by oral or written agreement, such income is separate income of the spouse. If it is determined that the agreement was made for the purpose of qualifying for aid or for a greater amount of aid, such income is considered community income.
- c. Income from the earnings of a minor child, unless the child has been emancipated.

(Continued)



CONTINUATION SHEET  
**R FILING ADMINISTRATIVE REGULATIONS**  
**WITH THE SECRETARY OF STATE**  
(Pursuant to Government Code Section 11380.1)

D-211

DETERMINATION OF INCOME

Regulations

D-211 (Continued)

D-211

Current income is that which is received in the current month regardless of the period over which it accrued. Exception: Interest payments in decreasing amounts may be averaged. Any unexpended portion of current income becomes personal property on the first of the month following receipt of the income. Exception: See Sec. D-212.7, Recurring Lump Sum Income.

Casual income is income which is 1) unpredictable as to amount and time of receipt; 2) of short duration; and 3) of negligible importance in meeting continuing needs under the ATD standard. Such income is not considered in determining the amount of the aid payment.

Income from an inconsequential resource is the net return from an interest in real or personal property which makes no appreciable contribution to the continuing needs of a recipient under the ATD standard. Such income is not considered in determining the amount of the aid payment.

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CONTINUATION SHEET  
**FOR FILING ADMINISTRATIVE REGULATIONS  
 WITH THE SECRETARY OF STATE**  
 (Pursuant to Government Code Section 11380.1)

## Regulations

D-212.51 COMMUNITY INCOME

D-212.51

(See Sec. D-211 for definition of community income.)

1. Income from community property - when a couple has income from community property, each is considered to receive an equal share.
2. Other community income - is apportioned as follows:

Community income of the recipient may be allocated to the spouse (if his needs are not otherwise met) in the amount required to meet his needs under the ATD standard, but not to exceed one-half of the income. No allocation of such income is to be made for the support of minor children.

Community income of the ineligible spouse from civil or military pensions is to be retained in the amount required to meet his own needs under the ATD standard and those of his dependent minor children. Any balance up to one-half of such income is to be allocated to the recipient.

Community income of an ineligible spouse from earnings or from payments received because of industrial or unemployment compensation laws (if such payments are predicated on the fact that the individual is still in the labor market), is to be retained in the amount required to meet his needs in accordance with the following schedule of allowances for an employed person:

|                                                                                    |          |
|------------------------------------------------------------------------------------|----------|
| Food                                                                               | \$ 35.00 |
| Clothing                                                                           | 20.00    |
| Household Maintenance                                                              | 4.50     |
| Life Insurance and Emergencies                                                     | 10.00    |
| Incidental Expenses, including Personal<br>Care Items                              | 20.00    |
| Transportation                                                                     | 17.50    |
| Recreation and Community Participation                                             | 15.00    |
| Medical and Dental Care, Drugs, Vitamins,<br>Clinical Fees, Health Insurance, etc. | 12.00    |
| Total                                                                              | \$134.00 |

To this total is added Housing and  
Utilities - Share, as paid up to \$ 45.00

Additional amounts are allowed as paid for expenses incident to employment when they exceed or are not provided in the above schedule, e.g., uniforms or other special clothing required by the particular job, meals away from home, extra laundry, transportation, union or professional dues and expenses, telephone and further medical need and debts incurred for necessities of life.

(Continued)

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CONTINUATION SHEET  
OR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE  
(Pursuant to Government Code Section 11380.1)

## Regulations

D-212.51 (Continued)

D-212.51

An additional amount is allowed to meet the needs of dependent minor children. Any balance up to one-half of the income is to be allocated to the recipient.

When income of the ineligible spouse is of a temporary nature, received only on a periodic basis, or fluctuates substantially from month to month, a single money amount shall be established, based on an average of the anticipated income for the calendar year. This single money amount will be considered as the continuing monthly income from such source until a redetermination is made because of a change in circumstances not anticipated in the original determination.

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These Regulations are designated to become effective JAN 1 '80



CONTINUATION SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE  
(Pursuant to Government Code Section 11380.1)

Fiscal

GOVERNMENTAL PARTICIPATION

F-520

F-520

FEDERAL PARTICIPATION IN AID PAYMENTS

F-520

The Federal Government participates in most, but not all, of the OAS, ANB, ANC, and ATD payments made to or on behalf of eligible persons in whose payments there is state participation.

In OAS, ANB and ATD there is no federal participation in:

1. Any payment made to or for a patient who is confined to any private institution maintained for the purpose of treating persons suffering from TB or mental disease. Therefore, federal participation is not available in payments to or for recipients in:
  - a. Family care homes certified by the State Department of Mental Hygiene or institutions licensed by the State Department of Mental Hygiene to care for the mentally ill. These facilities are considered by the DHEW as extensions of the institutions.
  - b. Private tuberculosis institutions licensed by the State Department of Public Health.

Likewise, there is no federal participation in payments made to or for patients cared for in other types of private institutions if there is a diagnosis of tuberculosis or psychosis. If federal participation is in order on the first day of the month, the federal government participates in the payment for the full month although the recipient may be admitted to a tuberculosis or mental hospital or institution during the month. (See Manual of Policies and Procedures - OAS, ANB and ATD.)

2. Any payment made to either of the following guardians:
  - a. The State Department of Mental Hygiene
  - b. An employee of the State Department of Mental Hygiene

(Continued)



CONTINUATION SHEET  
 FOR FILING ADMINISTRATIVE REGULATIONS  
 WITH THE SECRETARY OF STATE  
 (Pursuant to Government Code Section 11380.1)

F-520

GOVERNMENTAL PARTICIPATION

Fiscal

F-520 (Continued)

F-520

In OAS, ANB, and ATD there is no federal participation in any payment authorized after death of the recipient (See Sec. F-310-B.2).

In ANC there is no federal participation in any payment made:

1. For a child who is not living in the home of a relative who has the required degree of relationship to the child. (See Sec. F-525-A.)
2. For a caretaker who does not come within the definition of a needy relative. (See Sec. F-525-E.)
3. To a payee who does not have the required degree of relationship to the child. (See Sec. F-525-C.)
4. For a child living in a private boarding home or in a public or private institution or hospital other than for temporary care as defined in Sec. C-141 of the Manual of Policies and Procedures - ANC.
5. Which, in a mismanagement case, includes an amount for fewer than two budget items, is controlled, or is made in kind. (See Sec. F-360 and Sec. C-222.50 of the Manual of Policies and Procedures - ANC.)

In APSB, there is no federal participation.

(Continued)

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FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE  
(Pursuant to Government Code Section 11380.1)

Fiscal

GOVERNMENTAL PARTICIPATION

F-560

F-560 CHARTS OF FINANCIAL PARTICIPATION IN GRANTS OF AID

F-560

Old Age Security

| PERIOD COVERED        | MAXIMUM GRANT | MAXIMUM FEDERAL BASIS | RATIO OF PARTICIPATION                        |                  |                  |
|-----------------------|---------------|-----------------------|-----------------------------------------------|------------------|------------------|
|                       |               |                       | FEDERAL SHARE                                 | STATE SHARE      | COUNTY SHARE     |
| 1/1/60 thru           | \$115         | Not Applicable        | \$38.50 for each federally eligible recipient | 6/7 of remainder | 1/7 of remainder |
| 10/1/58 thru 12/31/59 | 106           | Not Applicable        | \$38.50 for each federally eligible recipient | 6/7 of remainder | 1/7 of remainder |
| 10/1/57 thru 9/30/58  | 105           | \$60                  | $\frac{1}{2}$ up to \$60, plus \$9            | 6/7 of remainder | 1/7 of remainder |
| 10/1/56 thru 9/30/57  | 89            | 60                    | $\frac{1}{2}$ up to \$60, plus \$9            | 6/7 of remainder | 1/7 of remainder |
| 10/1/55 thru 9/30/56  | 85            | 55                    | $\frac{1}{2}$ up to \$55, plus \$7.50         | 6/7 of remainder | 1/7 of remainder |
| 10/1/52 thru 9/30/55  | 80            | 55                    | $\frac{1}{2}$ up to \$55, plus \$7.50         | 6/7 of remainder | 1/7 of remainder |
| 7/1/50 thru 9/30/52   | 75            | 50                    | $\frac{1}{2}$ up to \$50, plus \$5            | 6/7 of remainder | 1/7 of remainder |
| 1/1/49 thru 6/30/50   | 75            | 50                    | $\frac{1}{2}$ up to \$50, plus \$5            | Remainder        | None             |
| 10/1/48 thru 12/31/48 | 65            | 50                    | $\frac{1}{2}$ up to \$50, plus \$5            | 6/7 of remainder | 1/7 of remainder |
| 8/1/47 thru 9/30/48   | 60            | 45                    | $\frac{1}{2}$ up to \$45, plus \$2.50         | 6/7 of remainder | 1/7 of remainder |
| 10/1/46 thru 7/31/47  | 55            | 45                    | $\frac{1}{2}$ up to \$45, plus \$2.50         | 5/6 of remainder | 1/6 of remainder |
| 7/1/43 thru 9/30/46   | 50            | 40                    | $\frac{1}{2}$ up to \$40                      | 5/6 of remainder | 1/6 of remainder |
| 1/1/40 thru 6/30/43   | 40            | 40                    | $\frac{1}{2}$ up to \$40                      | 1/2 of remainder | 1/2 of remainder |
| 4/1/36 thru 12/31/39  | 35            | 30                    | $\frac{1}{2}$ up to \$30                      | 1/2 of remainder | 1/2 of remainder |
| 9/15/35 thru 3/31/36  | 35            | 0                     | None                                          | 1/2 of grant     | 1/2 of grant     |
| 1/1/30 thru 9/14/35   | 30            | 0                     | None                                          | 1/2 of grant     | 1/2 of grant     |

Regular cases (Code R) - Shares are computed according to the chart.

Nonfederal cases (Code X) - The state and county participate in the total amount of the grant up to the maximum grant according to their respective ratios.

Noncounty cases (Code N) - The state paid the remainder of the grant after deducting the federal share.  
(Prior to 10/1/57)

Noncounty, nonfederal cases (Code S) - The state paid the total amount of the grant.  
(Prior to 10/1/57)

(Section Continued on Next Page)



CONTINUATION SHEET  
R FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE  
(Pursuant to Government Code Section 11380.1)

F-560

GOVERNMENTAL PARTICIPATION

Fiscal

F-560 (Continued)

F-560

Aid to Needy Blind

| PERIOD COVERED        | MAXIMUM GRANT | MAXIMUM FEDERAL BASIS | RATIO OF PARTICIPATION                        |                  |                  |
|-----------------------|---------------|-----------------------|-----------------------------------------------|------------------|------------------|
|                       |               |                       | FEDERAL SHARE                                 | STATE SHARE      | COUNTY SHARE     |
| 1/1/60 thru           | \$115         | Not Applicable        | \$38.50 for each federally eligible recipient | 3/4 of Remainder | 1/4 of Remainder |
| 10/1/58 thru 12/31/59 | 110           | Not Applicable        | \$38.50 for each federally eligible recipient | 3/4 of Remainder | 1/4 of Remainder |
| 10/1/57 thru 9/30/58  | 110           | \$60                  | 1/2 up to \$60, plus \$9                      | 3/4 of Remainder | 1/4 of Remainder |
| 10/1/56 thru 9/30/57  | 99            | 60                    | 1/2 up to \$60, plus \$9                      | 3/4 of Remainder | 1/4 of Remainder |
| 10/1/55 thru 9/30/56  | 95            | 55                    | 1/2 up to \$55, plus \$7.50                   | 3/4 of Remainder | 1/4 of Remainder |
| 10/1/52 thru 9/30/55  | 90            | 55                    | 1/2 up to \$55, plus \$7.50                   | 3/4 of Remainder | 1/4 of Remainder |
| 7/1/50 thru 9/30/52   | 85            | 50                    | 1/2 up to \$50, plus \$5                      | 3/4 of Remainder | 1/4 of Remainder |
| 1/1/49 thru 6/30/50   | 85            | 50                    | 1/2 up to \$50, plus \$5                      | Remainder        | None             |
| 10/1/48 thru 12/31/48 | 80            | 50                    | 1/2 up to \$50, plus \$5                      | 3/4 of Remainder | 1/4 of Remainder |
| 10/1/47 thru 9/30/48  | 75            | 45                    | 1/2 up to \$45, plus \$2.50                   | 3/4 of Remainder | 1/4 of Remainder |
| 3/1/47 thru 9/30/47   | 65            | 45                    | 1/2 up to \$45, plus \$2.50                   | 1/2 of Remainder | 1/2 of Remainder |
| 10/1/46 thru 2/28/47  | 60            | 45                    | 1/2 up to \$45, plus \$2.50                   | 1/2 of Remainder | 1/2 of Remainder |
| 9/15/45 thru 9/30/46  | 60            | 40                    | 1/2 up to \$40                                | 1/2 of Remainder | 1/2 of Remainder |
| 1/1/40 thru 9/14/45   | 50            | 40                    | 1/2 up to \$40                                | 1/2 of Remainder | 1/2 of Remainder |
| 7/1/36 thru 12/31/39  | 50            | 30                    | 1/2 up to \$30                                | 1/2 of Remainder | 1/2 of Remainder |
| 8/14/29 thru 6/30/36  | 50            | 0                     | None                                          | 1/2 of Grant     | 1/2 of Grant     |

Regular cases (Code R) - Shares are computed according to the chart.

Nonfederal cases (Code X) - The state and county participate in the total amount of the grant up to the maximum grant according to their respective ratios.

Noncounty cases (Code N) - The state paid the remainder of the grant after deducting the federal share.  
(Prior to 10/1/57)

Noncounty, nonfederal cases (Code S) - The state paid the total amount of the grant  
(Prior to 10/1/57)

(Section Continued on Next Page)



CONTINUATION SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE  
(Pursuant to Government Code Section 11380.1)

Fiscal GOVERNMENTAL PARTICIPATION F-560  
F-560 (Continued) F-560

Aid to Potentially Self-supporting Blind Residents

| PERIOD COVERED        | MAXIMUM GRANT | RATIO OF PARTICIPATION* |              |
|-----------------------|---------------|-------------------------|--------------|
|                       |               | STATE SHARE             | COUNTY SHARE |
| 1/1/60 thru           | \$115         | 5/6 of Grant            | 1/6 of Grant |
| 10/1/57 thru 12/31/59 | 110           | 5/6 of Grant            | 1/6 of Grant |
| 10/1/56 thru 9/30/57  | 99            | 5/6 of Grant            | 1/6 of Grant |
| 10/1/55 thru 9/30/56  | 95            | 5/6 of Grant            | 1/6 of Grant |
| 10/1/52 thru 9/30/55  | 90            | 5/6 of Grant            | 1/6 of Grant |
| 2/1/49 thru 9/30/52   | 85            | 5/6 of Grant            | 1/6 of Grant |
| 10/1/47 thru 1/31/49  | 75            | 5/6 of Grant            | 1/6 of Grant |
| 3/1/47 thru 9/30/47   | 65            | 1/2 of Grant            | 1/2 of Grant |
| 9/15/45 thru 2/28/47  | 60            | 1/2 of Grant            | 1/2 of Grant |
| 7/1/41 thru 9/14/45   | 50            | 1/2 of Grant            | 1/2 of Grant |

\*There are no Regular (Code R) cases as there is no federal participation in APSB.

Non-federal cases (Code X) - State and county shares are computed according to the chart.

Non-county, non-federal cases (Code S) - The state paid the total amount of the grant.

(Section Continued on Next Page)



CONTINUATION SHEET  
R FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE  
(Pursuant to Government Code Section 11380.1)

F-560

GOVERNMENTAL PARTICIPATION

Fiscal

F-560 (Continued)

Aid to Needy Children (Voucher)

F-560

| PERIOD COVERED       | MAXIMUM STATE BASIS*                                                                                                                                                                                                                                           |                       | MAXIMUM FEDERAL BASIS                                                                                        | RATIO OF PARTICIPATION                                                                   |                   |                   |
|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------|-------------------|
|                      | REGULAR CASES                                                                                                                                                                                                                                                  | NONFEDERAL CASES      |                                                                                                              | FEDERAL SHARE                                                                            | STATE SHARE       | COUNTY SHARE      |
| 10/1/58 thru         | 1 child \$145<br>2 children 168<br>3 children 215<br>4 children 256<br>5 children 291<br>6 children 320<br>7 children 343<br>8 children 360<br>9 children 371<br>Plus \$5 for each additional ANC child in family budget unit.                                 | Same as Regular Cases | Not applicable                                                                                               | \$17.50 for each needy relative, \$19 for each federally eligible child.                 | 67½% of remainder | 32½% of remainder |
| 10/1/57 thru 9/30/58 | 1 child \$145<br>2 children 168<br>3 children 215<br>4 children 256<br>5 children 291<br>6 children 320<br>7 children 343<br>8 children 360<br>9 children 371<br>Plus \$5 for each additional ANC child in family budget unit.                                 | Same as Regular Cases | \$32 for needy relative, \$32 for first ANC child, \$23 for each additional ANC child in family budget unit. | ½ up to maximum federal basis, plus \$5.50 for needy relative and \$5.50 for each child. | 67½% of remainder | 32½% of remainder |
| 10/1/56 thru 9/30/57 | 1 child \$115<br>2 children 168<br>3 children 215<br>4 children 256<br>5 children 291<br>6 children 320<br>7 children 343<br>8 children 360<br>9 children 371<br>Plus \$8 for each additional ANC child in family budget unit, not to exceed maximum of \$419. | Same as Regular Cases | \$32 for needy relative, \$32 for first ANC child, \$23 for each additional ANC child in family budget unit. | ½ up to maximum federal basis, plus \$5.50 for needy relative and \$5.50 for each child. | 2/3 of remainder  | 1/3 of remainder  |
| 10/1/52 thru 9/30/56 | 1 child \$111<br>2 children 162<br>3 children 207<br>4 children 246<br>5 children 279<br>6 children 306<br>7 children 327<br>8 children 342<br>9 children 351<br>Plus \$6 for each additional ANC child in family budget unit, not to exceed maximum of \$387  | Same as Regular Cases | \$30 for needy relative, \$30 for first ANC child, \$21 for each additional ANC child in family budget unit. | ½ up to maximum federal basis, plus \$4.50 for needy relative and \$4.50 for each child. | 2/3 of remainder  | 1/3 of remainder  |
| 10/1/51 thru 9/30/52 | 1 child \$105<br>2 children 153<br>3 children 195<br>4 children 231<br>5 children 261<br>6 children 285<br>7 children 303<br>8 children 315<br>9 children 321<br>Plus \$3 for each additional ANC child in family budget unit, not to exceed maximum of \$339. | Same as Regular Cases | \$27 for needy relative, \$27 for first ANC child, \$18 for each additional ANC child in family budget unit. | ½ up to maximum federal basis, plus \$3 for needy relative and \$3 for each child.       | 2/3 of remainder  | 1/3 of remainder  |

(Continued)



CONTINUATION SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE  
(Pursuant to Government Code Section 11380.1)

Fiscal

GOVERNMENTAL PARTICIPATION

F-560

F-560 (Continued)

F-560

AID TO DISABLED

| PERIOD COVERED        | MAXIMUM GRANT                                      | MAXIMUM FEDERAL BASIS | RATIO OF PARTICIPATION                        |                  |                  |
|-----------------------|----------------------------------------------------|-----------------------|-----------------------------------------------|------------------|------------------|
|                       |                                                    |                       | FEDERAL SHARE                                 | STATE SHARE      | COUNTY SHARE     |
| 1/1/60 thru           | Based on statewide average of \$98 per fiscal year | Not applicable        | \$38.50 for each federally eligible recipient | 6/7 of remainder | 1/7 of remainder |
| 10/1/59 thru 12/31/59 | \$106                                              | Not applicable        | \$38.50 for each federally eligible recipient | 6/7 of remainder | 1/7 of remainder |
| 10/1/58 thru 9/30/59  | \$106                                              | Not applicable        | \$41.50 for each federally eligible recipient | 6/7 of remainder | 1/7 of remainder |
| 10/1/57 thru 9/30/58  | \$105                                              | \$60                  | 1/2 up to \$60 plus \$9                       | 6/7 of remainder | 1/7 of remainder |

Regular cases (Code R) - Shares are computed according to chart.

Nonfederal cases (Code X) - The state and county participate in the total amount of the grant up to the maximum grant according to their respective ratios.

(W&IC 1510, 1511, 1553, 1554, 2020, 2021, 2186, 2187, 3025, 3042, 3084, 3087, 3087.1, 3420, 3432, 3472, 3480; DHEW)

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CONTINUATION SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE  
(Pursuant to Government Code Section 11380.1)

Fiscal

GOVERNMENTAL PARTICIPATION

F-570

F-570 CALCULATION OF GOVERNMENTAL SHARES IN AID PAYMENTS

F-570

The following detail for federal, state, and county sharing in individual cases is provided for informational purposes only. In claiming, the participating shares are not computed for individual cases but in totals only for each monthly claim.

A. FEDERAL SHARE

Federal shares of assistance payments are determined in accordance with the formulae in effect during the period for which aid was paid.

1. In the current formula period federal reimbursement is \$38.50 for each federally eligible recipient of OAS, ANB and ATD. In ANC federal reimbursement is \$17.50 for each needy relative plus \$19 for each federally eligible child.
2. For prior formulae periods see Fiscal Manual Section F-560.

B. STATE AND COUNTY SHARES

In OAS and ATD regular cases the state share is  $\frac{6}{7}$  and the county share  $\frac{1}{7}$  of the aid paid after deducting the federal share.

In ANB regular cases the state share is  $\frac{3}{4}$  and the county share  $\frac{1}{4}$  of the aid paid after deducting the federal share.

In APSB cases the state share is  $\frac{5}{6}$  and the county share  $\frac{1}{6}$  of the aid paid. There is no federal participation in APSB.

In ANC regular cases, within the state maximums, the state share is  $67\frac{1}{2}$  percent and the county share  $32\frac{1}{2}$  percent after deducting the federal share.

In OAS, ANB, ANC and ATD cases ineligible for federal participation (nonfederal cases), the state and county participate in the full grant (within the state maximums) in the ratios indicated above. All APSB and ANC-BHI cases are nonfederal.

(W&IC 1510, 1511, 1553, 1554, 2020, 2021, 2186, 2187, 3025, 3042, 3084, 3087, 3087.1, 3420, 3432, 3472, 3480; FSSA)



CONTINUATION SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE  
(Pursuant to Government Code Section 11380.1)

Department Bulletin No. 570 (Fiscal), Dated September 5, 1958 becomes obsolete January 1, 1960.

Subject: Changes in Fiscal Claiming and Reporting on Grants Effective October 1, 1958.

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FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING

NOV 16 1959

Division of Administrative Procedure

Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

State Department of Social Welfare

(Agency)

Dated: November 13, 1959

By: *[Signature]*

Director

(Title)

FILED

In the office of the Secretary of State  
of the State of California

NOV 16 1959

At 10:45 o'clock a.m.

FRANK M. JORDAN, Secretary of State

By: *[Signature]*

Assistant Secretary of State

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CERTIFICATE OF COMPLIANCE  
Under Sec. 11422.1 Government Code

I hereby certify that prior to the adoption of the emergency regulations set forth below Sections 11423, 11424 and 11425 of the Government Code were complied with:

D-137 filed with the Secretary of State August 31, 1959

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FACE SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE  
(Pursuant to Government Code Section 11380.1)

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NOV 25 1959

Division of Administrative Procedure

ENDORSED

APPROVED FOR FILING  
(GOV. CODE 11380.2)

NOV 25 1959

Division of Administrative Procedure

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Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

State Department of Social Welfare

(Agency)

Dated: November 25, 1959

By:

Director

(Title)

FILED

In the office of the Secretary of State  
of the State of California

NOV 25 1959

At 2:50 o'clock P. M.

FRANK M. JORDAN, Secretary of State

Assistant Secretary of State

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074-50 NATURE, PURPOSE, AND DURATION OF PROBATIONARY PERIOD  
WPS

074-50

The probationary period shall be an essential part of the examination process, and shall be utilized for the most effective adjustment of a new employee and for elimination of any probationary employee whose performance does not meet required standard of work.

All appointments from officially promulgated eligible lists for original entrance or promotion shall be for a probationary period of one year.

Probationary period shall not include the time served under temporary appointment or under certification to provisional or limited term positions, except as otherwise provided in these rules, but shall date from time of appointment to a permanent position after certification.

In case of employees engaged on a daily basis, probationary period requirement shall be deemed satisfied if the employee works an average of twenty days or more for each month of probationary period; otherwise probation shall be deemed completed upon serving twenty days for each month of probation required, regardless of the number of calendar months over which such service extends.

Probationer who resigns or is laid off during probationary period shall, in event of reemployment by the agency with which he was formerly employed, be required to complete only the balance of probationary period. An employee dismissed during probationary period and restored to eligible list shall begin a new period of probation if subsequently certified and appointed.

Employees who are reinstated after resignation or transferred to a class in which they previously held permanent status shall be required to serve a new probationary period unless such probationary period is waived by the appointing authority and said action is reported to SDSW at the time of appointment provided in these rules.

These Regulations are designated to become effective JAN 1 '60



CONTINUATION SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE  
(Pursuant to Government Code Section 11380.1)

Organization and Administration WELFARE PERSONNEL STANDARDS

071-85

071-85 QUALIFICATIONS OF APPLICANT  
WPS

071-85

Applicant shall:

1. Be citizen of the United States. (LC 1941)
2. Be legal resident of California for at least one year prior to the date of examination unless the residence qualifications are specifically waived by the SSWB. (W&IC 119.5, 119.6)
3. Possess all entrance requirements specified in the minimum qualifications established for the class; provided, however, that
  - a. For any class which requires that education and/or experience must have been obtained within a prescribed time period, time spent by the applicant in the military service of the United States in time of war, including the period September 16, 1940, to December 7, 1941, shall be excluded, and
  - b. For any class having a specified educational requirement, the Merit System Examining Agency may admit to the examination any applicant who is registered as a student in a recognized educational institution in the last semester or quarter of his required educational training. Such applicant (if successful in the examination) shall not be appointed to a position in the class until he produces evidence of satisfactory completion of the required training.
4. Be of good moral character, of temperate habits, and in all respects mentally and physically competent to perform duties of position for which candidate is competing. (W&IC 119.5, 119.6)

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CALIFORNIA-SDSW-MANUAL

Rev. 150 replaces Rev. 62

Effective 1/1/60



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FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE  
(Pursuant to Government Code Section 11380.1)

-----  
Organization and Administration      WELFARE PERSONNEL STANDARDS      073-50

073-50      REQUEST FOR CERTIFICATION OF ELIGIBLES      073-50  
WPS

Whenever a position is to be filled, appointing authority shall notify the SDSW of that fact in advance of date of anticipated need and shall make written request for certification on Form PS-18, Request for Certification, stating duties, salary, tenure, and location of the position.

In requesting certification for personnel, the appointing authority may have the right to specify the sex of the eligible to be certified, providing that a justifiable reason is given for the request and is approved by the Personnel Officer.

An appointing authority may request selective certification of eligibles possessing desirable qualifications or mandatory educational requirements under a specific option as established for the class by the SSWB.

Notwithstanding the provision of this or any applicable section of these rules, an appointing authority may be permitted to make a provisional appointment of persons who possess the desirable qualifications, or mandatory educational requirements under a specific option, established for the class by the SSWB, provided the following conditions have been met:

1. That there are fewer than three available eligibles who possess the desirable qualifications or higher option.
2. That a request for certification has been made and approved for desirable qualifications or a specific option.
3. That authority to make a provisional appointment has been given by SDSW.
4. That the provisional appointee possesses the desirable qualifications or higher option established for the class, as certified by the MSEA.

The extension of any provisional appointment made under this section shall be governed by the provisions of Manual Section 074-15.

(W&IC 119.5, 119.6)

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CALIFORNIA-SDSW-MANUAL-      Rev. 153 replaces Rev. 128      Effective 1/1/60



CONTINUATION SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE  
(Pursuant to Government Code Section 11380.1)

075-50 INTER-AGENCY TRANSFER OF EMPLOYEE  
WPS

075-50

Transfer of an employee from a position in one organizational subdivision of a county agency to a position of same class in another organizational subdivision of same or another county agency may be made at any time by appointing authorities concerned. All inter-agency transfers must be certified by SDSW. No increase or advance in salary shall be made upon a transfer, unless the regulations governing salary advancement are complied with.

Inter-agency transfer shall be reported to the SDSW by appointing authority of the county from which the employee is transferring on Form PS-21 (Report of Separation) and by appointing authority of county to which employee is transferring on Form PS-20, Notice of Appointment.

An inter-agency transfer of an employee shall require the service of a new probationary period unless such probationary period shall have been waived by the appointing power and SDSW is so notified at the time the appointment is reported on Form PS-20.

(W&IC 119.5, 119.6)

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These Regulations are designated to become effective JAN. 1, 1969



CONTINUATION SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE  
(Pursuant to Government Code Section 11380.1)

Department Bulletin No. 582 (Stat) will be repealed effective January 1, 1960.

Subject: Special Study of Need for Attendant Care, Aid to  
Needy Disabled, September 1959

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CONTINUATION SHEET  
OR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE  
(Pursuant to Government Code Section 11380.1)

## Regulations

D-021 COUNTY RESPONSIBILITY FOR CASE RECORDS

D-021

The county is responsible for maintaining a case record for each applicant and/or recipient which identifies the individual, his address, and household composition, and which shows:

1. The pertinent information obtained during the investigation conducted in accord with the requirements of Secs. D-012.40 and D-012.50, and the sources from which it was secured.
2. That evidence was evaluated as required in Sec. D-012.60.
3. The needs of the individual and the money amounts allowed under the Table of Allowances, and the needs of the individual which cannot be met through the grant. (See Sec. D-201). If a special need for attendant care is included in the grant, the case record shall substantiate the determination of the priority category and the basis of the allowance for either part-time or full-time attendant care. (See Sec. D-201).
4. That income and resources were explored as required by Sec. D-212, and that the amount was computed as specified in Sec. D-212.30, et seq.
5. The original or a copy of all forms completed during the original and subsequent investigations, and relating to any transfer of responsibility for payment of aid between counties except (1) when the date DA 239 was mailed is recorded elsewhere, or (2) when the record contains a cross-reference to Form ABD 236 A or B; requests for restoration as defined in Sec. D-010.14, correspondence to and from the county pertinent to the individual's eligibility, his grant, and/or activities toward meeting economic and social needs.
6. The computation of the amount of any overpayment, and the amount of repayment due, if any; a copy of any demands for repayment; the facts regarding the determination of the debtor's ability to repay and collection activity as required by Sec. F-420, et seq., unless this information is recorded centrally elsewhere.
7. A narrative or text containing relevant data (including dates) secured during client or collateral contacts, which does not appear elsewhere in the case record (or which is necessary to augment or reconcile data or information recorded in forms or correspondence); entries to reflect the client's reaction to or understanding of the county's interpretation of his rights and responsibilities.
8. A record of facts reported by the applicant or recipient as required by W&IC 103.3(b).
9. The basis for the decision that the individual met, or did not meet, the conditions of eligibility.
10. The county action granting, denying, changing, suspending, cancelling or discontinuing aid.

(Continued)

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CONTINUATION SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE NS  
(Pursuant to Government Code Section 11380.1)

## Regulations

D-021 (Continued)

D-021

11. For a recipient in a public medical institution:

- (a) Whether or not he requires assistance in making full use of the personal and incidental needs allowance

and

- (b) The basis for the determination

- (c) If assistance is required, the relative, agency or other person currently assisting him

and

- (d) The plan arrived at with the recipient and worker for the use of the recipient's allowance for personal and incidental needs, and any action taken by the worker, agency or person assisting in the plan. (See Handbook Sec. D-225.)

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WITH THE SECRETARY OF STATE  
(Pursuant to Government Code Section 11380.1)

NS

Regulations

D-201 DETERMINATION OF NEED - GENERAL

D-201

The allowable needs of an applicant or recipient and the money amounts necessary to provide them are set forth in the subsequent sections of this Chapter.

The county is responsible for reviewing needs with the applicant or recipient as often as necessary and at least once yearly and for identifying the allowable needs he may have under the Standard of Assistance. The applicant or recipient is responsible for reporting his needs and for informing the county promptly of changes.

If the applicant or recipient has income from any source, the county shall determine whether this meets the criteria for casual or inconsequential income, whether it is exempt from consideration in computing either basic needs or total allowable needs, or whether it must be deducted as income in accord with Chapter D-21 - Determination of Income.

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CONTINUATION SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE  
(Pursuant to Government Code Section 11380.1)

Regulations

D-202 ALLOWABLE NEEDS COMMON TO ALL RECIPIENTS D-202

The following allowable items of need are considered common to all recipients and are to be provided unless otherwise specified:

ATD - Standard of Assistance

| Basic Need                               | NONINSTITUTIONAL TABLE OF ALLOWANCES<br>(Living alone or sharing a household) |
|------------------------------------------|-------------------------------------------------------------------------------|
| Food                                     | \$29.00                                                                       |
| Housing and Utilities                    | As paid to maximum of \$30                                                    |
| Household maintenance                    | 6.00                                                                          |
| Medicine chest supplies                  | 1.50                                                                          |
| Telephone service                        | 1.50                                                                          |
| Clothing                                 | 8.00                                                                          |
| Personal care and incidentals            | 7.50                                                                          |
| Education and recreation                 | 7.50                                                                          |
| Services related to disability           | 15.00                                                                         |
| Total exclusive of Housing and Utilities | \$76.00*                                                                      |

\* Total basic allowances is considered to be \$76 plus cost of housing and utilities as paid to a maximum of \$30.

| Basic Need                              | Institutional Table of Allowances*<br>(Board and care basis) |
|-----------------------------------------|--------------------------------------------------------------|
| Board and care                          | \$90.00 maximum allowable                                    |
| Personal and incidental needs allowance | 16.00                                                        |
|                                         | \$106.00                                                     |

\* For persons in public medical institutions beyond a temporary period, part or all of the grant is paid directly to the institution as a vendor payment. (See Section D-225.)

D-202.70 SERVICES RELATED TO DISABILITY D-202.70

An amount of \$15 is included in the Table of Allowances for services related to the recipient's disability such as transportation, commercial laundry, errand service, restaurant meals, etc.

JAN 1 '60

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(Pursuant to Government Code Section 11380.1)

Regulations

D-203 SPECIAL NEEDS NOT COMMON TO ALL RECIPIENTS

D-203

Special needs are those which are not common to all recipients and which arise out of physical infirmities or other conditions peculiar to the individual's circumstances. In ATD, the only allowable special need is attendant service. The service must be provided by someone other than a relative with whom the recipient lives. Payment for attendant services is not allowable to persons in institutions.

D-204.40 DETERMINATION OF SPECIAL NEED FOR ATTENDANT SERVICES

D-204.40

Special need for attendant services shall be determined in accordance with the provisions of Sections D-204.43 through D-204.49.

D-204.43 DEFINITIONS

D-204.43

Attendant Services are services provided in the home that are necessary to the survival and well-being of the recipient. The services may include housekeeping, personal care, supervision and assistance with ambulation. Services provided by licensed medical practitioners and ancillary personnel as defined in the Medical Care program are excluded. Payment may be made for the services of a practical or vocational nurse.

For definition of institution, see Chapter 14.

The term relative includes kindred of any degree of relationship by blood or marriage.

D-204.45 CATEGORIES OF PERSONS NEEDING ATTENDANT SERVICES AND PRIORITIES

D-204.45

In evaluating the need of ATD recipients for attendant services, the following factors shall be considered:

1. Whether residence in the home will help to maintain integrity of the family unit.
2. Whether residence in the home is physically and psychosocially preferable to institutionalization.
3. Whether human dignity and decency can be enhanced through attendant service.
4. Whether persons with a short life expectancy can be afforded the comfort of family life.

Of the following categories of persons needing attendant services, payment for such services is limited initially to the first four categories, (Category G is excluded regardless of whether the person qualifies under any other category). The SDSW shall increase or decrease the categories in order of the listed priorities and in accordance with the availability of funds to pay for attendant services.

Category A - Bedfast or helpless persons for whom institutional care is not indicated because of family ties or other personal consideration and whose relatives can provide needed care if they have some assistance from an attendant.

Category B - Recipients whose care results in neglect of children, family strain or an excessive burden upon the major caretaker due to the latter's responsibility for other disabled persons, small children, employment outside the home, or other substantial duties.

(continued)

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 WITH THE SECRETARY OF STATE**  
 (Pursuant to Government Code Section 11380.1)

D-204.45 (continued)

D-204.45

Category C - Recipients dependent for care upon an aged, ill or unrelated person; or who are themselves responsible for the care of an aged or disabled person.

Category D - Recipients living alone and dependent upon relatives, neighbors, friends and/or tradespeople for essential services, or who are performing them themselves to the detriment of their health, or performing them in a substandard manner.

Category E - Mentally retarded and other recipients who require constant supervision and whose major caretaker needs relief from outside the family because of lack of other relatives willing and able to share the responsibility.

Category F - Recipients whose caretaker could secure employment and whose normal role is that of breadwinner.

Category G - Recipients eligible for OAS or ANB regardless of whether or not they fall within any of the above categories.

D-204.47 MAXIMUM ALLOWANCES FOR ATTENDANT SERVICES  
 (See D-212.40 for regulations governing income.)

D-204.47

For recipients needing part-time care only, i.e., less than 40 hours per week, a maximum of \$40 per month may be allowed.

For recipients needing full-time care, i.e., 40 hours or more per week, a maximum of \$100 per month may be allowed.

The cost of attendant care includes expenses incidental to employment such as carfare, lunches, Social Security, taxes, etc.

Allowances for attendant care shall be in accordance with the rate prevailing in the local community. The rate may be less in individual situations.

#### Regulations

D-204.49 EVIDENCE OF SPECIAL NEED

D-204.49

Before a payment which includes a special need allowance for attendant care is made, evidence is required to establish:

1. That the conditions under which the need may be allowed are met,
2. The monthly cost of the special need,
3. The proportion of the cost which should be borne by the recipient if the attendant is shared by others in the household, and
4. The period, if predictable, over which the need will continue.

When the cost of attendant care is fluctuating or unpredictable in occurrence and amount, it shall be redetermined monthly.

JAN 1 '60

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Regulations

D-211 INCOME - DEFINITIONS

D-211

Income is any benefit in cash or in kind received as a result of current or past labor or services, business activities, interest in real or personal property, or as a contribution from persons, organizations or assistance agencies.

Exceptions:

1. County supplementation, beyond the maximum board and care rate of \$90 but not to exceed \$255, paid to a nursing home, board and care home, or institution to apply on the cost of care is exempt from consideration as income. When there are no facilities available for \$255 to provide the care needed by the recipient, or when the doctor recommends against moving the recipient, county supplementation of the minimum amount for which needed care can be secured is exempt from consideration as income.
2. Funds provided solely for housekeeping and attendant care services are not considered as income available to meet basic needs if received from the county, other public or private agencies or friends or relatives. Payment for these services shall be at the usual community rate and the total cost shall not exceed \$350 per month unless the care needed is not available at that cost.
3. Funds received from the Vocational Rehabilitation Service to assist in implementing a rehabilitation plan are exempt from consideration as income.
4. Payment from any source to a vendor for medical care is not considered income.
5. Certain benefits received as nonrecurring lump-sum payments and proceeds received from sale of property (excluding proceeds from sale of less than an entire holding of livestock, poultry, timber, etc.) are considered personal property rather than income. (See Sec. D-136, Differentiation of Personal Property and Income, and D-137, Acquisition and Conversion of Real or Personal Property.)

Separate income is a) income derived as a result of an interest in separate property, or, b) income resulting from employment or military service rendered prior to the present marriage.

Community income is

- a. Income derived as a result of an interest in community property, or,

(Continued)

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Regulations

D-211 (Continued)

D-211

- b. Income resulting from employment or military service performed during the present marriage or being performed at the time of the present marriage. Exception: If the applicant or recipient has relinquished his community interest in his spouse's earnings by oral or written agreement, such income is separate income of the spouse. If it is determined that the agreement was made for the purpose of qualifying for aid or for a greater amount of aid, such income is considered community income.
- c. Income from the earnings of a minor child, in accord with the ANC manual.

Current income is that which is received in the current month regardless of the period over which it accrued. Exception: Interest payments in decreasing amounts may be averaged. Any unexpended portion of current income becomes personal property on the first of the month following receipt of the income. Exception: See Sec. D-212.7, Recurring Lump Sum Income.

Casual income is income which is 1) unpredictable as to amount and time of receipt; 2) of short duration; and 3) of negligible importance in meeting continuing needs under the ATD standard. Such income is not considered in determining the amount of the aid payment.

Income from an inconsequential resource is the net return from an interest in real or personal property which makes no appreciable contribution to the continuing needs of a recipient under the ATD standard. Such income is not considered in determining the amount of the aid payment.

D-212.40 EVALUATION OF INCOME IN KIND

D-212.40

Income in kind is any benefit received other than in cash.

If a need item is being earned or contributed in kind, either directly or by payment to a vendor, the income value placed upon such earnings or contribution is the amount specified for the item in the standard of assistance for basic needs (see Chapter 20).

Since no amount is specified in the standard for housing and utilities, the following apply:

1. If both housing and utilities are earned or contributed, the item is not considered in computing need and no income is shown.
2. If either housing or utilities (or a part of these) is earned or contributed, determine need for both items by adding the actual share of housing plus a maximum of \$5 for utilities, and allow up to \$30. Then deduct as income either:
  - a. The recipient's share of housing or

(Continued)

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CONTINUATION SHEET  
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 (Pursuant to Government Code Section 11380.1)

Regulations

D-212.40 (Continued)

D-212.40

- b. \$5 if all necessary utility items are earned or contributed. If less than all items are earned or contributed, deduct the proportionate share of this figure, which is reasonably applicable to the items and which is the same figure as was used to compute need.

If a recipient with income specifically designated for attendant care, whether paid to a vendor or to the recipient, does not fall into one of the priority categories or if the earmarked income is sufficient to meet the attendant care need when he does fall into a priority group, neither the need nor the income are considered in determining the grant to which eligible.

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CONTINUATION SHEET  
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(Pursuant to Government Code Section 11380.1)

## Regulations

D-221 AMOUNT OF AID PAYMENT

D-221

Aid is to be paid monthly, subject to the limitations of W&IC 4020, in the nearest whole dollar amount determined by subtracting the recipient's current net income received in the month (as determined in accord with Chapter D-21) from his allowable needs for the month (as specified in Chapter D-20).

The aid payment cannot exceed \$106 for basic need. When a special need for attendant care is allowed, the amount cannot exceed \$40 for part-time care or \$100 for full-time care. (See Sec. D-203.)

Payment is to be authorized, changed, suspended, denied or discontinued by use of Form ABD 278 or an approved substitute. (See Sec. D-025, Form ABD 278.)

In determining the amount of the aid payment for a particular month, all income and those allowable needs which existed and were reported before the end of that month are considered. Exceptions: 1) when the change could not have been known or reported before the end of the month because it occurred too late to give the recipient reasonable time to report within the month or the report was not received due to communication difficulties, etc., such change is to be reflected in the aid payment if reported by the end of the following month. 2) When special circumstances, such as the recipient's physical or mental incapacity, make it unreasonable to expect that he could have reported promptly, such change is reflected in the aid payment for the months in which it existed, if reported as soon as could reasonably be expected.

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These Regulations are designated to become effective JAN 1 '65



FACE SHEET  
FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE  
(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING

DEC 31 1959

Division of Administrative Procedure

ENDORSED

APPROVED FOR FILING  
(GOV. CODE 11380.1)

DEC 31 1959

Division of Administrative Procedure  
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Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

State Department of Social Welfare

(Agency)

Dated: December 30, 1959

By: *[Signature]*  
Director

(Title)

FILED

In the office of the Secretary of State  
of the State of California

DEC 31 1959

At 11:20 o'clock P.M.

FRANK M. JORDAN, Secretary of State

By: *[Signature]*  
Assistant Secretary of State

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MC-048 PHYSICAL THERAPY

MC-048

|                                                                                                                                                                                                                                                      | Office | Home   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------|
| 1. One modality:<br>Infra red; ultraviolet;<br>whirlpool; contrast baths;<br>paraffin baths; hot fomentations;<br>local massage; local exercise                                                                                                      |        |        |
| Per visit                                                                                                                                                                                                                                            | \$3.50 | \$6.00 |
| 2. One modality:<br>Short or long wave diathermy;<br>microtherm; galvanism;<br>sinusoidal; ionization;<br>ultrasound                                                                                                                                 |        |        |
| Per visit                                                                                                                                                                                                                                            | 4.00   | 6.00   |
| 3. Electrical muscle test; or any<br>combination of treatment from<br>1 or 2 above to one extremity<br>or back                                                                                                                                       |        |        |
| Per visit                                                                                                                                                                                                                                            | 4.50   | 7.00   |
| 4. General massage; general exercise;<br>postural or corrective; general<br>underwater exercise (Hubbard<br>tank or pool); general manual<br>muscle re-education; any<br>combination of treatment from<br>1 or 2 above to two or more<br>extremities |        |        |
| Per visit                                                                                                                                                                                                                                            | 5.00   | 8.00   |
| 5. Case consultation and report<br>(ATD only)                                                                                                                                                                                                        | 5.00   | 7.50   |

These Regulations are designated to become effective February 1, 1960.



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WITH THE SECRETARY OF STATE  
(Pursuant to Government Code Section 11380.1)

Statistical

PUBLIC ASSISTANCE

S-129.2

S-129 MONTHLY STATISTICAL REPORT ON SPECIAL ALLOWANCES FOR ATTENDANT CARE, AID TO NEEDY DISABLED

S-129

Purpose of Report: To obtain information to enable the department to carry out the provisions of the statute as follows: "In the event the average grant per recipient in any month exceeds an amount of ninety-eight dollars (\$98) the State Department of Social Welfare shall take immediate steps to reduce or curtail payments for attendant services to the end that the monthly average per recipient for the full fiscal year does not exceed ninety-eight (\$98)." (W&IC 4020)

Content of Report: This report will provide information on the numbers of recipients receiving special allowances for attendant care and amounts of assistance expenditures for these allowances. Information on recipients and expenditures will be reported according to the category of need for attendant care (D-204.45) and whether the allowances are for part time or full time care (D-204.47). Report only those recipients whose ATD grant is increased to provide attendant care and report only the amount of money by which the ATD grant is increased for the purpose of providing attendant care. Report all ATD grant payments during the month for attendant care, including payments for prior months. Do not report recipients or amounts where attendant care is provided through county supplemental payments or through payments by relatives or from other sources.

When to Report: The reports shall be sent in duplicate to the Bureau of Statistical reports, State Department of Social Welfare, 722 Capitol Avenue, Sacramento, California, to arrive by the 12th of each month following the month covered by the report. (W&IC 115, 116)

S-129.2 INSTRUCTIONS FOR COMPLETING MONTHLY STATISTICAL REPORT ON SPECIAL ALLOWANCES FOR ATTENDANT CARE

S-129.2

Column Definitions:

Full-Time Care (Columns 3 and 4) is defined as a need for care of 40 hours or more per week. A maximum of \$100 a month may be allowed for full-time attendant care (D-204.47).

In cases where the special need allowance for attendant care covers a partial month, the case will be counted as "full-time" when there is a continuing need for full-time care; i.e., 40 hours or more per week, even though the need covered this month is less.

Part-Time Care (Columns 5 and 6) is defined as a need for care of less than 40 hours per week. A maximum of \$40 a month may be allowed for part-time attendant care (D-204.47).

The classification of the case according to "part-time" or "full-time" is shown on Form DA 158, Budget Worksheet, Aid to Needy Disabled, Block 2, line 3. (D-025.26)

CALIFORNIA-SDSW-MANUAL-STAT

Rev. 229 replaces Rev. 203

Effective 2/1/60

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(Pursuant to Government Code Section 11380.1)

S-129.2 (Continued)

S-129.2

Total (columns 1 and 2). Report in column 1 the sum of columns 3 and 5 "Recipients." In column 2 "Amount," report the sum of columns 4 and 6.

Recipients (columns 3 and 5). Under "full-time" (column 3) and "part-time" (column 5) report the numbers of recipients who received special need payments during the month for attendant care.

Amount, Columns 4 and 6. Under "full-time" (column 4) and "part-time" (column 6) report the total amount of special need payments to recipients during the month for attendant care. Include payments for prior months.

(W&amp;IC 115, 116)

S-129.4 CATEGORY (OR PRIORITY)

S-129.4

Report numbers of recipients and amounts of special need allowances for attendant care according to the category of need under which the recipients qualify for care.

For definition of categories see D-204.45.

Classification of the case according to category is shown on Form DA 158, Budget Worksheet, Aid to Needy Disabled, Block 2, Line 3. (D-025.26)

(W&amp;IC 115, 116)

DO NOT WRITE IN THIS SPACE

These Regulations are designated to become effective February 1, 1960.



CONTINUATION SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE  
(Pursuant to Government Code Section 11380.1)

Statistical

PUBLIC ASSISTANCE

S-190

S-190 (Continued)

FORM DA 285

S-190

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE  
722 CAPITOL AVENUE, SACRAMENTO

Aid to Needy Disabled

Monthly Statistical Report  
on Special Allowance  
for Attendant Care

Submit in duplicate by 12th of month  
following month of report.

County \_\_\_\_\_

Report for \_\_\_\_\_ 19 \_\_\_\_\_

| Category<br>(or priority) | Total                                          |                                            | Full-time care         |               | Part-time care         |               |
|---------------------------|------------------------------------------------|--------------------------------------------|------------------------|---------------|------------------------|---------------|
|                           | Recipients<br>(sum of cols.<br>3 and 5)<br>(1) | Amount<br>(sum of cols.<br>4 and 6)<br>(2) | Recip-<br>ients<br>(3) | Amount<br>(4) | Recip-<br>ients<br>(5) | Amount<br>(6) |
|                           |                                                |                                            |                        |               |                        |               |
| Total                     |                                                | \$                                         |                        | \$            |                        | \$            |
| Category A                |                                                |                                            |                        |               |                        |               |
| Category B                |                                                |                                            |                        |               |                        |               |
| Category C                |                                                |                                            |                        |               |                        |               |
| Category D                |                                                |                                            |                        |               |                        |               |
|                           |                                                |                                            |                        |               |                        |               |
|                           |                                                |                                            |                        |               |                        |               |

Prepared by \_\_\_\_\_

Date \_\_\_\_\_

FORM DA 285, DECEMBER 1959

CALIFORNIA-SDSW-MANUAL-STAT

Revision 231

Effective 2/1/60